04/04/2011 15:16

Image# 11990334261

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines UnitedHealth Group Incorporated PAC (United for Health) 9900 Bren Road East ADDRESS (number and street) Check if different than previously Minnetonka MN 55343 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00274431 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 09 3 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Susan Sherwood Type or Print Name of Treasurer Electronically Filed by Susan Sherwood 04 04 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule : F3XA

Transaction ID:

I am amending this report because, after reviewing the warning alerts, I recognized that the Candidate ID and Filing ID were missing from the Citizens for Arlen Specter record. I have included that information in this report.

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

3 / 121

Write or Type Committee Name UnitedHealth Group Incorporated PAC (United for Health)

FEC Form 3X (Rev. 02/2003)

D D <sup>®</sup>D 0.7 0 1 2010 0.9 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 177649.83 January 1 (b) Cash on Hand at 149423.59 Begining of Reporting Period ..... 110814.90 367113.66 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 260238.49 544763.49 6(a) and 6(c) for Column B) ..... 462335.00 177810.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 82428.49 82428.49 (subtract Line 7 from Line 6(d)) .....

9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 121

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From: 0 7

D D 0

2010

To:

м м 0 9 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 0

I. Recei	pts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other that     (a) Individuals/Persons			
Than Political Com (i) Itemized (use \$	mittees Schedule A)	95294.90	297558.17
(ii) Unitemized		10920.00	49955.49
(iii) TOTAL (add Lines 11(a)(i) a	and (ii)	106214.90	347513.66
	mittees	0.00	0.00
<ul><li>(c) Other Political Con</li><li>(such as PACs)</li><li>(d) Total Contributions</li></ul>		0.00	0.00
11(a)(iii),(b) and (c Totals to Line 33, p		106214.90	347513.66
Transfers From Affiliate Party Committees		0.00	0.00
3. All Loans Received		0.00	0.00
Loan Repayments Rece     Offsets To Operating E		0.00	0.00
(Refunds, Rebates, etc. (Carry Totals to Line 37 6. Refunds of Contribution	, page 5)	0.00	0.00
to Federal candidates as Political Committees		4600.00	4600.00
<ol> <li>Other Federal Receipts (Dividends, Interest, etc.)</li> </ol>	.)	0.00	15000.00
3. Transfers from Non-Fed			
(a) Non-Federal Accour (from Schedule H3)		0.00	0.00
(b) Levin Funds (from S	chedule H5)	0.00	0.00
(c) Total Transfer (add	18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Line 12, 13, 14, 15, 16, 17, a	1.1	110814.90	367113.66
Total Federal Receipts     (subtract Line 18(c) fron	n Line 19)	110814.90	367113.66

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 121

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		ı
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	108500.00	336200.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)  Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	
(;	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	69310.00	126135.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai Silaie		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	177810.00	462335.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	177810.00	462335.00

### **DETAILED SUMMARY PAGE**

of Disbursements

6 / 121

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	106214.90	347513.66	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	106214.90	347513.66	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

FE6AN026

	for each category of the Detailed Summary Page	(check only one)    X   11a			
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporation	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to ed PAC (United for Health)	on for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Stephen J. Hemsley		Date of Receipt			
Mailing Address 9900 Bren Roa MN008-8092	d East	07 09 2010			
City Minnetonka	State Zip Code MN 55343	Transaction ID: 31976433			
FEC ID number of contributing federal political committee.	C 33343	Amount of Each Receipt this Period 5000.00			
Name of Employer UnitedHealth Group, Inc.	Occupation President and Chief Operating Officer	r			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00				
Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS		Date of Receipt			
Mailing Address 11 CARNIVAL	Mailing Address 11 CARNIVAL TERRACE				
City	State Zip Code	Transaction ID: PR1159794624600			
WEST WARWICK  FEC ID number of contributing federal political committee.	RI 02893	Amount of Each Receipt this Period  120.00			
Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medical Director				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)			
Full Name (Last, First, Middle Initial) CARLA M MUGGIO		Date of Receipt			
Mailing Address 3533 FAIR OAk	(S LANE	0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: PR1159798224600			
LONGBOAT KEY  FEC ID number of contributing federal political committee.	FL 34228	Amount of Each Receipt this Period  115.38			
Name of Employer UnitedHealth Group, Inc.	Occupation Network Contract Director				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)			
SUBTOTAL of Receipts This Page (or	tional)	5235.38			

SCHEDULE A (FECTIFICATION OF SCHEDULE A (FETTIFICATION OF SCHEDULE A (FETT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 8 / 121   (check only one)		
Any information copied from suc or for commercial purposes, other	h Reports and Statements may er than using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In		· ·			
Full Name (Last, First, Middle BRIAN R BELLOWS	e Initial)		Date of Receipt		
	Mailing Address 10 SHADOWOOD LANE				
City TRUMBULL	State CT	Zip Code 06611	Transaction ID: PR1159803824600  Amount of Each Receipt this Period		
FEC ID number of contributir federal political committee.			90.00		
Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Bus [				
Receipt For:  Primary Gene  Other (specify) ▼	00 0	Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)		
Full Name (Last, First, Middle KEITH W NOBLITT	e Initial)		Date of Receipt		
Mailing Address 122 SOL	ITH OAK POINTE DR		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City SENECA	State SC	Zip Code 29672	Transaction ID: PR1159805524600  Amount of Each Receipt this Period		
FEC ID number of contributir federal political committee.			120.00		
Name of Employer UnitedHealth Group, Inc.	Occupatio SCE 3 -	n Natl Accts Indiv Contr			
Receipt For:  Primary Gene Other (specify) ▼		Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)		
Full Name (Last, First, Middle JAMES S WATSON III	e Initial)		Date of Receipt		
Mailing Address 6520 SH	ENANDOAH DR		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City LINCOLN	State	Zip Code	Transaction ID: PR1159806024600		
FEC ID number of contributir federal political committee.	g C	68510	Amount of Each Receipt this Period  150.00		
Name of Employer UnitedHealth Group, Inc.	Occupatio Associate	n e General Counsel			
Receipt For:  Primary Gene Other (specify) ▼		e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)		
SUBTOTAL of Receipts This P	I		360.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 121 (check only one)    X
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for	Health)	
۸.	Full Name (Last, First, Middle Initial) NANCY C ABELMANN			Date of Receipt
	Mailing Address 3120 CHELSEA COL	JRT		09 / 30 / 2010
	City BURNSVILLE	State MN	Zip Code	Transaction ID: PR1159809124600
	FEC ID number of contributing federal political committee.	C	55337	Amount of Each Receipt this Period  80.76
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Tax	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	255.74	P/R Deduction (\$13.46 Bi- Weekly)
	Full Name (Last, First, Middle Initial) WILLIAM P WHITELY			Date of Receipt
	Mailing Address 2657 WOODBRIDGE	09 30 YYYY 2010		
	City	State	Zip Code	Transaction ID: PR1159812624600
	WAYZATA	MN	55391	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupatio Senior V	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	3653.70	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) WAYNE F COOK			Date of Receipt
	Mailing Address 1200 PEBBLE HILL F	ROAD		09 30 2010
	City	State	Zip Code	Transaction ID: PR1159812824600
	DOYLESTOWN	PA	18901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		360.00
	Name of Employer United HealthGroup	Occupatio VP Oper		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1140.00	P/R Deduction (\$60.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1		1594.56

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 121 (check only one)    X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAG	C (United for He	alth)	
. K	Full Name (Last, First, Middle Initial) DAVID S WICHMANN			Date of Receipt
	Mailing Address 7000 ANTRIM ROAD			09 / 30 / 4 9 9
	City <u>EDINA</u>	State MN	Zip Code 55439	Transaction ID: PR1159814724600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation EVP & Pres	UHG Operations	
	Receipt For:  Primary General  Other (specify) ▼		ar-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) PATRICK J ERLANDSON			Date of Receipt
	Mailing Address 2407 LAKE PLACE			0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1159815924600
	MINNEAPOLIS  FEC ID number of contributing federal political committee.	C	55405	Amount of Each Receipt this Period  1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Busine	ss Operations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) PATRICIA R SAURO			Date of Receipt
	Mailing Address 8943 HIDDEN MEADO	OW R		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1159816424600
	WOODBURY  FEC ID number of contributing federal political committee.	C	55125	Amount of Each Receipt this Period  360.00
	Name of Employer United HealthGroup, Inc.	Occupation Business Se	egment CAO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 2140.00	P/R Deduction (\$60.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			2667.60

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 121 (check only one)    X
or for commercial purposes,  NAME OF COMMITTEE	other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, M WILLIAM A MUNSELL Mailing Address 2119	ddle Initial) WINDSONG CIRCLE		Date of Receipt
City WAYZATA FEC ID number of contril	State MN	Zip Code 55391	0 9 3 0 2 0 1 0  Transaction ID: PR1159816624600  Amount of Each Receipt this Period
Name of Employer UnitedHealth Group, Inc.  Receipt For:	Occupat EVP U	tion nitedHealth Group ate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
Full Name (Last, First, M JOHN S PENSHORN Mailing Address 120 E City WAYZATA	State MN	Zip Code 55391	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer UnitedHealth Group, Inc.	Occupat SVP U	tion nitedHealth Group ate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, M PAUL D KALLMEYER Mailing Address 468 F	,		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City AMBLER FEC ID number of contril federal political committee		Zip Code 19002	Amount of Each Receipt this Period  300.00
Name of Employer United HealthGroup  Receipt For: Primary Other (specify)		tion General Counsel (Mgr) ate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)
SURTOTAL of Receipts Th	nis Page (optional)		2053.80

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 121 (check only one)    X
4	ny information copied from such Reports and s	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAGE  Output  Description:	C (United for	Health)	
	Full Name (Last, First, Middle Initial) TIMOTHY F RYAN			Date of Receipt
•	Mailing Address 4913 BRUCE AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EDINA	State MN	Zip Code 55424	Transaction ID: PR1159817924600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		114.00
	Name of Employer UnitedHealth Group	Occupation Business	on S Segment Gen Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 361.00	P/R Deduction (\$19.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) THOMAS J QUIRK			Date of Receipt
	Mailing Address 4307 BEECHWOOD	0 9 3 0 2 0 1 0		
	City	State	Zip Code	Transaction ID: PR1159819124600
	DALLAS FEC ID number of contributing federal political committee.	C	75220	Amount of Each Receipt this Period  600.00
	Name of Employer	Occupation	n	
	UnitedHealth Group	Health P		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1407.68	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) REED V TUCKSON, M.D.			Date of Receipt
	Mailing Address 3501 ZENITH AVE SO	OUTH		09 30 2010
	City	State	Zip Code	Transaction ID: PR1159819824600
	MINNEAPOLIS	MN	55416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		692.28
	Name of Employer UnitedHealth Group	Occupation EVP Cor	n nsumr Health & Med Care	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2192.22	P/R Deduction (\$115.38 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		1406.28

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/121   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P		· ·	
Full Name (Last, First, Middle Initial) DAVID J FALK			Date of Receipt
Mailing Address 323 LAWRENCE A	VE		M M / D D / Y Y Y Y
City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: PR1159820224600
HIGHLAND PARK	NJ	08904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer UnitedHealth Group, Inc.	Occupation Medical I		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 237.50	P/R Deduction (\$12.50 Bi- Weekly)
Full Name (Last, First, Middle Initial) DEBRA A OBERMAN			Date of Receipt
Mailing Address 4212 ALDEN DR			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EDINA	State MN	Zip Code 55416	Transaction ID: PR1159820724600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.23
Name of Employer UnitedHealth Group, Inc.	Occupation VP Gov't	n Relations	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	269.22	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, First, Middle Initial) WILLIAM C TRACY			Date of Receipt
Mailing Address 13016 CANTERBU	RY		09 30 2010
City	State	Zip Code	Transaction ID: PR1159821524600
LEAWOOD	KS	66209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		346.20
Name of Employer UnitedHealth Group, Inc.	Occupation Health P	lan CEO	
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	D/D Dodustion (#57.70 Di
Other (specify)		1096.30	P/R Deduction (\$57.70 Bi- Weekly)
SUBTOTAL of Receipts This Page (optiona			440.43

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 121 (check only one)    X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAG	C (United for	Health)	
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) MICHAEL M HAWKINS			Date of Receipt
	Mailing Address 11137 AMESITE TRA	IL		09 30 7 2010
	City AUSTIN	State TX	Zip Code 78726	Transaction ID: PR1159822024600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		69.24
	Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medic	on cal Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi-Weekly)
_ 3.	Full Name (Last, First, Middle Initial) CAROL M SCHNEEWEIS			Date of Receipt
	Mailing Address 16907 49TH PLACE N	0 9 3 0 / Y Y Y Y Y Y Y		
	City PLYMOUTH	State MN	Zip Code	Transaction ID: PR1159823524600
	FEC ID number of contributing federal political committee.	C	55446	Amount of Each Receipt this Period  150.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Produ		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
_ :	Full Name (Last, First, Middle Initial) RICHARD J MIGLIORI			Date of Receipt
	Mailing Address PO BOX 72			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WAYZATA	State MN	Zip Code	Transaction ID: PR1159827424600
	FEC ID number of contributing federal political committee.	C	55391	Amount of Each Receipt this Period 461.52
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Bus	n s Initiatives & Clin Aff	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1461.48	P/R Deduction (\$76.92 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		680.76

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 121 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (United for Health)	
Full Name (Last, First, Middle Initial) BARBARA C BUENEMANN		Date of Receipt
Mailing Address 128 ROSEBROOI	KDR	0 9 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FLORISSANT	State Zip Code MO 63031	Transaction ID: PR1159828724600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	69.24
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Customer Service	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi- Weekly)
Full Name (Last, First, Middle Initial) JEANNINE M RIVET	I .	Date of Receipt
Mailing Address 4305 TRILLIUM V	VAY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code MN 55364	Transaction ID: PR1159830024600
MINNETRISTA  FEC ID number of contributing federal political committee.	MN 55364	Amount of Each Receipt this Period  1153.80
Name of Employer UnitedHealth Group, Inc.	Occupation EVP UnitedHealth Group	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) JACK E SHUFF	I .	Date of Receipt
Mailing Address 6385 SPINNAKER	RLANE	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: PR1159830524600
ALPHARETTA  FEC ID number of contributing federal political committee.	GA 30005	Amount of Each Receipt this Period  115.38
Name of Employer UnitedHealth Group, Inc.	Occupation SB RVP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
SURTOTAL of Receipts This Page (option	nal)	1338.42

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 121 (check only one)    X
Any information copied from or for commercial purposes,	such Reports and Statements rother than using the name and	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE UnitedHealth Group I	(In Full) ncorporated PAC (United f	or Health)	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 16 SF	POEDE LN		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAINT LOUIS	State MO	Zip Code 63141	Transaction ID: PR1159840424600  Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			324.00
Name of Employer UnitedHealth Group, Inc.	Occupa VP Ge	tion neral Management	
Receipt For:  Primary  Other (specify) ▼		ate Year-to-Date ▼ 1026.00	P/R Deduction (\$54.00 Bi-Weekly)
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 919 S	AIGON ROAD		09 / 00 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1332013224600
MCLEAN FEC ID number of contribution federal political committee	outing C	22102	Amount of Each Receipt this Period  1153.80
Name of Employer UnitedHealth Group, Inc.	Occupa FVP U	tion nitedHealth Group	
Receipt For:  Primary  Other (specify) ▼	<del>   </del>	ate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 7214	EVANS MILL ROAD		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State VA	Zip Code	Transaction ID: PR1530799224600
MCLEAN FEC ID number of contribution federal political committee	outing	22101	Amount of Each Receipt this Period 384.62
Name of Employer UnitedHealth Group, Inc.	Occupa SVP U	tion nitedHealth Group	
Receipt For:  Primary  Other (specify) ▼		ate Year-to-Date ▼ 2884.65	P/R Deduction (\$192.31 Bi-Weekly)
SUBTOTAL of Receipts Th	is Page (optional)		1862.42

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 121 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma ne name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for	Health)	
	Full Name (Last, First, Middle Initial) ROBERT J BOHNENKAMP			Date of Receipt
	Mailing Address 4925 WOODS COUF	RT		09 / 30 / 4 9 9
	CREENWOOD	State	Zip Code	Transaction ID: PR1551005624600
	GREENWOOD	MN	55331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		384.60
	Name of Employer UnitedHealth Group, Inc.	Occupation Business	n s Segment CIO	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) MICHAEL J BRESOLIN			Date of Receipt
	Mailing Address 121 W VIEW STREE	Т		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1551005724600
	LOMBARD	<u> </u>	60148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Care	n Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) TIMOTHY J HEADY			Date of Receipt
	Mailing Address 19019 VOGEL FARM	1 TRAIL		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1551122524600
	EDEN PRAIRIE	MN	55347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Pha	n armacy Benefit Mgmt	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1145.00	P/R Deduction (\$75.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1		954.60

SCHEDULE ITEMIZED F	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAG (check only one)  X 11a 11b 11c 13 14 15	E 18 / 121  12 16
Any information cor for commercial	opied from such Reports and Sta purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting con solicit contributions from such co	tributions mmittee.
\	MMITTEE (In Full) n Group Incorporated PAC	(United for	Health)		
Full Name (La:  CHRISTOPHEI	st, First, Middle Initial)			Date of Receipt	
Mailing Addres	s 215 WINDMILL HILL			09 / 00 / Y	2010
City <u>WETHERS</u> F	FIFI D	State CT	Zip Code 06109	Transaction ID: PR15511  Amount of Each Receipt thi	
•	er of contributing	C		Amount of Each recorpt the	69.24
Name of Empl UnitedHealth (	oyer Group, Inc.	Occupation Dir Gene	n ral Management		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 B Weekly)	ii-
LISA G G HOLL				Date of Receipt	
Mailing Addres	s 1303 SALADO DRIVE			09 / 30 / Y	2010
City ALLEN		State TX	Zip Code	Transaction ID: PR15511	
	er of contributing I committee.	C	75013	Amount of Each Receipt thi	90.00
Name of Empl UnitedHealth (	oyer Group, Inc.	Occupation Assoc Dir	n r Med & Clinical Ops	7	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 B Weekly)	ii-
Full Name (La:	st, First, Middle Initial) AGAN			Date of Receipt	
	s 52 CRESTWOOD LAN	E		<u> </u>	2010
City		State	Zip Code	Transaction ID: PR15511	32324600
FARMINGV FEC ID numbe federal politica	er of contributing	C	11738	Amount of Each Receipt thi	s Period 120.00
Name of Empl UnitedHealth (	oyer Group, Inc.	Occupation VP	1	7	
Receipt For: Primary Other (s	General pecify) ▼		Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 B Weekly)	ii-
SUBTOTAL of F	Leceipts This Page (optional)				279.24
	riod (last page this line number o		<u> </u>		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 121 (check only one)    X
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may re name and address	not be sold or used by any personal solution of the sold or used by any personal to the solution of the soluti	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for H	lealth)	
	Full Name (Last, First, Middle Initial) GERALD JOHN KNUTSON			Date of Receipt
	Mailing Address 520 KIMBERLY LN N			09 30 2010
	City PLYMOUTH	State MN	Zip Code 55447	Transaction ID: PR1551132524600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Business 9	Segment CFO	
	Receipt For:  Primary General  Other (specify) ▼		/ear-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) MICHAEL C MATTEO			Date of Receipt
	Mailing Address 25 JEREMIAHS WAY			M M / D D / Y Y Y Y Y O D D / 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1551133424600
	SOUTH GLASTONBURY	CT	06073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.38
	Name of Employer UnitedHealth Group, Inc.	Occupation CEO Natio	onal Accounts	
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.37	P/R Deduction (\$19.23 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DAWN M OWENS	<u> </u>		Date of Receipt
	Mailing Address 2119 E LAKE OF THE	ISLES PKW	Y	09 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1551160324600
	MINNEAPOLIS	MN	55405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer UnitedHealth Group, Inc.	<del>, '</del>	Segment CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1900.00	P/R Deduction (\$100.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•		835.38

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 121 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		
Full Name (Last, First, Middle Initial) THOMAS J VALERIUS		Date of Receipt
Mailing Address 2820 DEER RUN	TRAIL	0 9 / 3 0 / Y Y Y Y Y Y
City LONG LAKE	State Zip Code MN 55356	Transaction ID: PR1551161324600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	461.52
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Recruitment Svcs	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1461.48	P/R Deduction (\$76.92 Bi- Weekly)
Full Name (Last, First, Middle Initial) LOIS T WEIHRAUCH		Date of Receipt
Mailing Address 10392 SHERMAN	I DRIVE	09 30 2010
City EDEN PRAIRIE	State Zip Code MN 55347	Transaction ID: PR1551161424600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	324.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP General Management	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$54.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOHN O ENDERLE		Date of Receipt
Mailing Address 31 ANDREIS TRA	AIL	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: PR1554323524600
SOUTH WINDSOR  FEC ID number of contributing federal political committee.	CT 06074	Amount of Each Receipt this Period  330.00
Name of Employer UnitedHealth Group, Inc.	Occupation Regional Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$55.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	L	1115.52

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) RICK M JELINEK			Date of Receipt
	Mailing Address 5570 WOODSIDE LAN	NE		09 30 2010
	City SHOREWOOD	State MN	Zip Code 55331	Transaction ID: PR1554323924600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33331	1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation Business	n Segment CEO	
	Receipt For:  Primary  General  Other (specify) ▼	. '	Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
- В.	Full Name (Last, First, Middle Initial) MICHAEL RADU			Date of Receipt
	Mailing Address 42820 VIOLA CT			09 30 2010
	City	State	Zip Code	Transaction ID: PR1554324524600
	LEESBURG	VA	20176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		324.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Opera		
	Receipt For:	<del>. '                                   </del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1026.00	P/R Deduction (\$54.00 Bi- Weekly)
С. С.	Full Name (Last, First, Middle Initial) CATHERINE E SPILLANE	<u> </u>		Date of Receipt
	Mailing Address 3807 PLEASANT VALI	LEY DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1554324624600
	MISSOURI CITY	TX	77459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.38
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Busin	n less Process	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D. J. J. (240 00 7)
	Other (specify)		365.37	P/R Deduction (\$19.23 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			1593.18
	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (United for Health)	
Full Name (Last, First, Middle Initial)  KIRK E STAPLETON		Date of Receipt
Mailing Address 3840 INGLEWOOD	AVE S	0 9 3 0 / Y Y Y Y Y
City SAINT LOUIS PARK	State Zip Code MN 55416	Transaction ID: PR1554324724600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Strategic Initiatives	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  KAREN L ERICKSON		Date of Receipt
Mailing Address 15348 RED OAKS F	ROAD SE	0 9 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1575957624600
PRIOR LAKE  FEC ID number of contributing federal political committee.	MN 55372	Amount of Each Receipt this Period  1153.80
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Corporate Controller	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3653.70	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial)  ERNEST MONFILETTO		Date of Receipt
Mailing Address 3062 COMFORT RO	DAD	09 30 7 4 4 4 4
City NEW HOPE	State Zip Code PA 18938	Transaction ID: PR1575958124600
FEC ID number of contributing federal political committee.	C 16936	Amount of Each Receipt this Period 461.52
Name of Employer UnitedHealth Group, Inc.	Occupation Plan President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$76.92 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	)	1915.32
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 121 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		
Full Name (Last, First, Middle Initial) LEE D VALENTA		Date of Receipt
Mailing Address 4701 GOLF TER	RACE	0 9 3 0 2 0 1 0
City EDINA	State Zip Code MN 55424	Transaction ID: PR1575958524600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1153.80
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment COO	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) THOMAS S PAUL		Date of Receipt
Mailing Address 2006 QUEEN AV	ENUE SOUTH	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MINNEAPOLIS	State Zip Code MN 55405	Transaction ID: PR1580864724600
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 600.00
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1407.68	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ROBERT THOMAS WEBB		Date of Receipt
Mailing Address 4516 DREXEL A	VENUE	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1580865324600
EDINA FEC ID number of contributing federal political committee.	MN 55424	Amount of Each Receipt this Period  1153.80
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Care Solutions	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
SURTOTAL of Receipts This Page (onti-	onal)	2907.60

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 24 / 121   (check only one)
Any information copied from s or for commercial purposes, o	uch Reports and Statements m ther than using the name and a	ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE ( UnitedHealth Group In	In Full) corporated PAC (United fo	r Health)	
Full Name (Last, First, Mid RICHARD J HUGHES	dle Initial)		Date of Receipt
Mailing Address 735 SA	AINT MORITZ		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VICTORIA	State MN	Zip Code 55386	Transaction ID: PR1596304124600  Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			600.00
Name of Employer UnitedHealth Group, Inc.	Occupati SVP Hu	ion ıman Capital Dvlpmt	
Receipt For: Primary Ge Other (specify)	Aggrega	te Year-to-Date ▼ 1360.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Mid GAYE ADAMS MASSEY	dle Initial)		Date of Receipt
Mailing Address 11641	TANGLEWOOD DRIVE		09 / 30 / Y Y Y Y
City EDEN PRAIRIE	State MN	Zip Code 55347	Transaction ID: PR1596304524600  Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	uting		692.28
Name of Employer UnitedHealth Group, Inc.	Occupati Sr Depu	ion uty General Counsel	7
Receipt For:  Primary Ge  Other (specify) ▼		te Year-to-Date ▼ 2192.22	P/R Deduction (\$115.38 Bi-Weekly)
Full Name (Last, First, Mid	dle Initial)		Date of Receipt
Mailing Address 9346 S	SHETLAND ROAD		0 9 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: PR1596304624600
EDEN PRAIRIE  FEC ID number of contributed rederal political committee.	uting C	55347	Amount of Each Receipt this Period 69.24
Name of Employer UnitedHealth Group, Inc.	Occupati VP Fina		
Receipt For:  Primary Ge  Other (specify) ▼		te Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi-Weekly)
SUBTOTAL of Receipts This	s Page (optional)		1361.52

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 121 (check only one)    X
,	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may r ne name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for H	lealth)	
. ∠ \.	Full Name (Last, First, Middle Initial) GEORGE L MIKAN III			Date of Receipt
	Mailing Address 4901 ROLLING GRE	EN PARKWAY		09 / 30 / 4 2010
	City EDINA	State MN	Zip Code 55436	Transaction ID: PR1596304824600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation EVP CFO		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi-Weekly)
 3.	Full Name (Last, First, Middle Initial) CAROL B MORNESS			Date of Receipt
	Mailing Address 401 N 2ND ST UNIT	512		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1596304924600
	MINNEAPOLIS FEC ID number of contributing	MN	55401	Amount of Each Receipt this Period
	federal political committee.	C		230.76
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Underv	vriting	
	Receipt For:	Aggregate Y	rear-to-Date ▼	
	Primary General Other (specify) ▼	0 0	730.74	P/R Deduction (\$38.46 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SCOTT E THEISEN			Date of Receipt
	Mailing Address 1950 MEADOWWOO	DDS TRAIL		09 30 7 2010
	City	State	Zip Code	Transaction ID: PR1596305624600
	LONG LAKE FEC ID number of contributing federal political committee.	C	55356	Amount of Each Receipt this Period  115.38
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Finan	nce & Bus Planning	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			1499.94

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 121 (check only one)    X
, c	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAGE  Output  Description:	C (United for	Health)	
∠ 4.	Full Name (Last, First, Middle Initial) THOMAS D LEWIS			Date of Receipt
	Mailing Address 306 CHIPPEWA AVE	NUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1596306924600
	TAMPA FEC ID number of contributing federal political committee.	C	33606	Amount of Each Receipt this Period 230.76
	Name of Employer UnitedHealth Group, Inc.	Occupatio Health P		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 730.74	P/R Deduction (\$38.46 Bi-Weekly)
_ 3.	Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER			Date of Receipt
	Mailing Address 4505 MOORLAND AV	VENUE		09 30 7 2010
	City	State	Zip Code	Transaction ID: PR1596307024600
	EDINA	MN	55424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		660.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio SVP Trea		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1610.00	P/R Deduction (\$110.00 Bi-Weekly)
_ ).	Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN			Date of Receipt
•	Mailing Address 3318 FOXRIDGE CIF	RCLE		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1596309724600
	TAMPA	FL	33618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP	n	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		1040.76

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any pers the name and address of any political committee t	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Page 1	AC (United for Health)	
Full Name (Last, First, Middle Initial) RAMON E COTO		Date of Receipt
Mailing Address 14021 LEANING PIN	NE DRIVE	09 30 7 2010
City MIAMI LAKES	State Zip Code FL 33014	Transaction ID: PR1596311524600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer UnitedHealth Group, Inc.	Occupation VP General Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, First, Middle Initial) JEFFREY P DOOLEY		Date of Receipt
Mailing Address 306 W MEADOWS	LANE	0 9 3 0 2 0 1 0
City DANVILLE	State Zip Code CA 94506	Transaction ID: PR1596312124600
FEC ID number of contributing federal political committee.	CA 94506	Amount of Each Receipt this Period 69.24
Name of Employer UnitedHealth Group, Inc.	Occupation KA VP Sales and Account Mgmt	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi- Weekly)
Full Name (Last, First, Middle Initial) STEVAN D GARCIA		Date of Receipt
Mailing Address 4675 DELAWARE D	PRIVE	0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LARKSPUR	State Zip Code CO 80118	Transaction ID: PR1596312924600
FEC ID number of contributing federal political committee.	CO 80118	Amount of Each Receipt this Period  115.38
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
CURTOTAL of Descripts This Dans (autional)		300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 121 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated F	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) KURT A HEUMANN			Date of Receipt
Mailing Address 9825 GERALD DR  City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: PR1596313724600
SAINT LOUIS  FEC ID number of contributing federal political committee.	MO C	63128	Amount of Each Receipt this Period  120.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Finar	nce	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOHN H RENNICK JR  Mailing Address 3220 LAKEWOOD	EDGE DRIVE		Date of Receipt
City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: PR1596316824600
<u>CHARLOTTE</u>	NC NC	28269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Medical I		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, First, Middle Initial) STEPHAN S RODGERS			Date of Receipt
Mailing Address 3455 CONGRESS	STREET		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: PR1596317124600
FAIRFIELD	СТ	06824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1153.80
Name of Employer UnitedHealth Group, Inc.	<del>'</del>	Ilthcare Strategies	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	al)		1389.18

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 121 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (United for	Health)	
Full Name (Last, First, Middle Initial)  DANIEL I ROSENTHAL			Date of Receipt
Mailing Address 109 SLEEPY HOLLO	W LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ORINDA	State CA	Zip Code 94563	Transaction ID: PR1596317324600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Health Pl		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, First, Middle Initial) . KEVIN J RUTH			Date of Receipt
Mailing Address 16621 ALEXANDER	MANOR DRIV	/E	09 / 30 / 4 2010
City <u>SILVER SPRING</u>	State MD	Zip Code 20905	Transaction ID: PR1596317424600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		450.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Enter	n erprise Clinical Alignm	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1425.00	P/R Deduction (\$75.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MANUEL A SELVA			Date of Receipt
Mailing Address 7602 NW 127TH MA	NOR		0 9 3 0 Y Y Y Y Y
City PARKLAND	State FL	Zip Code 33076	Transaction ID: PR1596317724600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medic	n al Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			680.76
TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 121 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	d Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (United for Health)	
Full Name (Last, First, Middle Initial) ROXANNE THOMAS		Date of Receipt
Mailing Address 720 COUNTRY LAK		09 30 2010
City CIRCLE PINES	State Zip Code MN 55014	Transaction ID: PR1596318924600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33014	69.24
Name of Employer UnitedHealth Group, Inc.	Occupation Product Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	219.26	P/R Deduction (\$11.54 Bi- Weekly)
Full Name (Last, First, Middle Initial) M LAURIE WASSERSTEIN		Date of Receipt
Mailing Address 92 GOODWIN CIRC	CLE	09 30 7 2010
City	State Zip Code	<b>Transaction ID:</b> PR1596319524600
HARTFORD	CT 06105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer UnitedHealth Group, Inc.	Occupation PS National VP Account Mgmt	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.37	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, First, Middle Initial) MYRON R WERLEY		Date of Receipt
Mailing Address 4260 FOXBERRY C	OURT	09 30 2010
City	State Zip Code	Transaction ID: PR1596319624600
MEDINA	MN 55340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Underwriting	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	P/R Deduction (\$12.50 Bi- Weekly)
		259.62

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	λ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 31 / 121   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (United for	Health)	
Full Name (Last, First, Middle Initial) JOHN P DODDY			Date of Receipt
Mailing Address 1 ROXITICUS VIEV	V		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City CHESTER	State NJ	Zip Code 07930	Transaction ID: PR1600597324600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Inform	n mation Technology	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL D MICHAUX	<b>I</b>		Date of Receipt
Mailing Address 742 GOODRICH A	VE		0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAINT PAUL	State MN	Zip Code 55105	Transaction ID: PR1600598524600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP & GM		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1192.32	P/R Deduction (\$100.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) LEWIS G SANDY			Date of Receipt
Mailing Address 4800 SUNNYSLOPE ROAD E			M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1600598724600
EDINA FEC ID number of contributing federal political committee.	C	55424	Amount of Each Receipt this Period 600.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Clin	n iical Advancement	
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1725.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optiona	1)		1320.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 121 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such R or for commercial purposes, other the	eports and Statements may not be sold or used by any pers an using the name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full UnitedHealth Group Incorporate)	orated PAC (United for Health)	
Full Name (Last, First, Middle Ini MATTHEW W PETERSON	iial)	Date of Receipt
Mailing Address 20595 SPE		09 / 30 / Y Y Y Y Y
City SHOREWOOD	State Zip Code MN 55331	Transaction ID: PR1602669924600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer UnitedHealth Group, Inc.	Occupation Market Group CAO	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1180.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Ini JEFFREY W MALONEY	tial)	Date of Receipt
Mailing Address 18076 CLE	AR SPRING LANE	09 30 7 2010
City EDEN PRAIRIE	State Zip Code MN 55347	Transaction ID: PR1613243524600
FEC ID number of contributing federal political committee.	MN 55347	Amount of Each Receipt this Period 576.90
Name of Employer UnitedHealth Group, Inc.	Occupation VP Operations - Evercare	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1826.85	P/R Deduction (\$96.15 Bi- Weekly)
Full Name (Last, First, Middle Ini WILLIAM F KENNEDY	tial)	Date of Receipt
Mailing Address 14 MYRA L	N	0 9 3 0 2 0 1 0
City BURLINGTON	State Zip Code CT 06013	Transaction ID: PR1653443124600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir IT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page	e (optional)	1296.90

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 121 (check only one)    X
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) STEVE R KOOREN			Date of Receipt
	Mailing Address 4444 ELLSWORTH D	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EDINA	State MN	Zip Code 55435	Transaction ID: PR1653443224600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupatio Business	n s Segment CFO	
	Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	e Year-to-Date ▼ 2846.04	P/R Deduction (\$192.30 Bi- Weekly)
	Full Name (Last, First, Middle Initial) THOMAS J BELLAMY			Date of Receipt
	Mailing Address 2743 THOMAS AVEN	UE SOUTH		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1653444324600
	MINNEAPOLIS	MN	55416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		346.20
	Name of Employer UnitedHealth Group, Inc.	Occupatio SB VP S	n ales and Account Mgmt	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		1096.30	P/R Deduction (\$57.70 Bi- Weekly)
Full Name (Last, First, Middle Initial) ALISTAIR D JACQUES				Date of Receipt
	Mailing Address 645 OLD LONG LAKE	ROAD		09 30 YYYYY
	City	State	Zip Code	Transaction ID: PR1653445224600
	ORONO	MN	55391	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1153.80
	Name of Employer UnitedHealth Group	<del>, '</del>	Segment CIO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2115.30	P/R Deduction (\$192.30 Bi- Weekly)
	UBTOTAL of Receipts This Page (optional)	•		2653.80

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 121 (check only one)    X
Any information copied from such Reports at	nd Statements may not be sold or used by any persong the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F		
Full Name (Last, First, Middle Initial) DANIEL T SULLIVAN		Date of Receipt
Mailing Address 57 QUORN HUNT	ROAD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WEST SIMSBURY	State Zip Code CT 06092	Transaction ID: PR1653445824600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	69.24
Name of Employer UnitedHealth Group, Inc.	Occupation Dir IT Project Mgmt	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. MILES S SNOWDEN	1	Date of Receipt
Mailing Address 4349 FREMONT A	VE S	M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: PR1746717824600
MINNEAPOLIS  FEC ID number of contributing federal political committee.	MN 55409	Amount of Each Receipt this Period  1153.80
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CMO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) ANN DESTWOLINSKI		Date of Receipt
Mailing Address 19117 ARTESIAN	COURT	0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: PR1806441624600
DERWOOD  FEC ID number of contributing federal political committee.	MD 20855	Amount of Each Receipt this Period  66.00
Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Utilization Mgmt	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	P/R Deduction (\$11.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (options	(le	1289.04

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	of the
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used a name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE	C (United for Health)	
	Full Name (Last, First, Middle Initial) JEFF L LEVINE		Date of Receipt
	Mailing Address 619 BOND AVE		09 / 30 / Y Y Y Y
	City REISTERSTOWN	State Zip Code MD 21136	Transaction ID: PR1806443224600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation PS Mgr Acct Mgmt (FEHBI	D)
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) WILLIAM TALAMANTES		Date of Receipt
	Mailing Address 11618 ROLLING MEA	DOW DR	0 9 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: PR1806444724600
	GREAT FALLS	VA 22066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	105.60
	Name of Employer UnitedHealth Group, Inc.	Occupation Six Sigma Consultant	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3	P/R Deduction (\$17.60 Bi- Weekly)
Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 2781 SADDLE CLUB	ROAD	09 30 2010
	City	State Zip Code	Transaction ID: PR1806750124600
	GREENWOOD	IN 46143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	69.24
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Provider Svc	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$11.54 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .		294.84

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Roor for commercial purposes, other th	eports and Statements may not be sold or used by any perso an using the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full UnitedHealth Group Incorpo	rated PAC (United for Health)	
Full Name (Last, First, Middle Init GREGORY A BAYER	ial)	Date of Receipt
Mailing Address 3369 STAG	E COACH DR	0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>LAFAYETTE</u>	State Zip Code CA 94549	Transaction ID: PR1806750224600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Behavioral Solutions	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	P/R Deduction (\$35.00 Bi- Weekly)
Full Name (Last, First, Middle Init	ial)	Date of Receipt
Mailing Address 13904 NEV	ADA AVE S	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1806750324600
SAVAGE FEC ID number of contributing federal political committee.	MN 55378	Amount of Each Receipt this Period  230.76
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  730.74	P/R Deduction (\$38.46 Bi- Weekly)
Full Name (Last, First, Middle Init	ial)	Date of Receipt
	TOGA LANE	M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
City	State Zip Code MN 55442	Transaction ID: PR1882850624600
PLYMOUTH FEC ID number of contributing federal political committee.	MN 55442	Amount of Each Receipt this Period  240.00
Name of Employer UnitedHealth Group, Inc.	Occupation Human Capital Partner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi- Weekly)
SURTOTAL of Receipts This Page	(optional)	680.76

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 121 (check only one)    X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for I	Health)	
. K	Full Name (Last, First, Middle Initial) CATHERINE K ANDERSON			Date of Receipt
	Mailing Address 37 W 2000 S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City DRIGGS	State ID	Zip Code 83422	Transaction ID: PR1903550724600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		346.20
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Marke	ting Bus Dev	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1096.30	P/R Deduction (\$57.70 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KATHLEEN L BISHOP			Date of Receipt
	Mailing Address 145 COTTAGE RD			0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1903560824600
	ENFIELD  FEC ID number of contributing federal political committee.	CT	06082	Amount of Each Receipt this Period  120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Financ		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) ROBERT J DUFEK			Date of Receipt
	Mailing Address 816 PROMONTORY	PLACE		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EAGAN	State MN	Zip Code 55123	Transaction ID: PR1903577124600
	FEC ID number of contributing federal political committee.	C	JJ123	Amount of Each Receipt this Period  150.00
	Name of Employer UnitedHealth Group, Inc.	Occupation		
	Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).	1		616.20

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 121 (check only one)    X   11a
A or	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	UnitedHealth Group Incorporated PAC	(United for	Health)	
۸.	Full Name (Last, First, Middle Initial) SUSAN B EDBERG			Date of Receipt
	Mailing Address 9727 WELLINGTON R	IDGE		09 30 2010
	City WOODBURY	State MN	Zip Code 55125	Transaction ID: PR1903578124600
	FEC ID number of contributing federal political committee.	C	33123	Amount of Each Receipt this Period  600.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP Custo	n omer Service	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1900.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JOHN C SANTELLI			Date of Receipt
	Mailing Address 17498 GEORGE MOR	AN DRIVE		09 30 2010
	City	State	Zip Code	Transaction ID: PR1903622024600
	EDEN PRAIRIE	MN	55347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio SVP & C		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1340.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH			Date of Receipt
	Mailing Address 128 WOODLAND RD			0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1903636924600
	COVENTRY	CT	06238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.38
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP Finar		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			1315.38

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39/121   (check only one)
A	ny information copied from such Reports and S	Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAG			
_	Full Name (Last, First, Middle Initial)			Date of Reseire
	PAMELA JAMIAN  Mailing Address 15316 COUTOLENC	RD		Date of Receipt
	City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: PR1910417424600
	MAGALIA	CA	95954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		69.24
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Custo	n omer Service	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi- Weekly)
	Full Name (Last, First, Middle Initial) BRADLEY E ALLEN			Date of Receipt
	Mailing Address 1046 THORNBERRY	CREEK DR		0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119466824600
	ONEIDA	WI	54155	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Sr Assoc	n siate General Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) RUSSELL A BENNETT			Date of Receipt
	Mailing Address 4 HALSEY AVE			09 30 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119468024600
	LAGUNA NIGUEL	CA	92677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Mark	n eting Bus Dev	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	B/B B
	Other (specify)		380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	SUBTOTAL of Receipts This Page (optional) .			309.24

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 121 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) SUSAN LYNN BERKEL			Date of Receipt
	Mailing Address 10 SHADOW GLEN			09 30 7 2010
	City IRVINE	State CA	Zip Code 92620	Transaction ID: PR2119468124600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1152.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio SVP Ope		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3648.00	P/R Deduction (\$192.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) KATHIE L BRYAN			Date of Receipt
	Mailing Address 912 JOSHUA PLACE			09 30 2010
	City	State	Zip Code	Transaction ID: PR2119469424600
	SAN DIEGO FEC ID number of contributing federal political committee.	CA	92154	Amount of Each Receipt this Period  150.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Assoc Di	n ir Mrkting Comm	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) COLLEEN CAMPBELL	I		Date of Receipt
	Mailing Address 5753 E SANTA ANA C	CYN RD # G	502	0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR2119469924600
	ANAHEIM  FEC ID number of contributing federal political committee.	CA	92807	Amount of Each Receipt this Period  90.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Assoc Di	n ir Clinical Quality	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		1392.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 121 (check only one)    X
0	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for	Health)	
۸.	Full Name (Last, First, Middle Initial) DAVID S CARLSON			Date of Receipt
	Mailing Address 13130 WESTPORT S		7: 0 1	09 30 2010
	City MOORPARK	State CA	Zip Code 93021	Transaction ID: PR2119470224600
	FEC ID number of contributing federal political committee.	C	93021	Amount of Each Receipt this Period 120.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Mark	n eting Research	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) LESLIE J CARTER	I		Date of Receipt
	Mailing Address 19021 POPPY HILL C	IRCLE		09 30 2010
	City	State	Zip Code	<b>Transaction ID:</b> PR2119470324600
	HUNTINGTON BEACH	CA	92648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		576.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Netw	n ork Contracting	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1824.00	P/R Deduction (\$96.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) RANDELL J CORREIA			Date of Receipt
	Mailing Address PO BOX 1025			09 30 YYYYY 2010
	City	State	Zip Code	Transaction ID: PR2119471324600
	RANCHO SANTA FE	CA	92067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		180.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio SVP Ope	erations	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 570.00	P/R Deduction (\$30.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			876.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 121 (check only one)    X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) RICHARD A CROSS			Date of Receipt
	Mailing Address 11361 DONOVAN RC	DAD		09 / 30 / 2010
	City ROSSMOOR	State CA	Zip Code 90720	Transaction ID: PR2119471824600
	FEC ID number of contributing federal political committee.	C	90720	Amount of Each Receipt this Period  150.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Deputy G	n General Counsel (Mgr)	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KENNETH R DAVIS			Date of Receipt
	Mailing Address 7640 N 10TH AVE			09 30 YYYYY 2010
	City	State	Zip Code	Transaction ID: PR2119472524600
	PHOENIX	AZ	85021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Medical I		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) LINDA M DAYAN			Date of Receipt
	Mailing Address 5364 E ABBEYFIELD	ST		09 30 2010
	City	State	Zip Code	Transaction ID: PR2119472624600
	LONG BEACH	CA	90815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		114.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Chief of S		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 361.00	P/R Deduction (\$19.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			384.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 121 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAGE  Output  Description:	C (United for	Health)	
۸.	Full Name (Last, First, Middle Initial) TODD J DEMBROSKI			Date of Receipt
	Mailing Address 1390 FINCH LN	Ctata	7:n Code	09 30 2010
	City GREEN BAY	State WI	Zip Code 54313	Transaction ID: PR2119472824600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.4010	90.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Assoc D	n ir Actuarial Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)
 3.	Full Name (Last, First, Middle Initial) ANDREA E DILWEG			Date of Receipt
	Mailing Address 2321 CARROLL PK S	SOUTH		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119472924600
	LONG BEACH	CA	90814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		222.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Govt		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		703.00	P/R Deduction (\$37.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) ANGELO GIAMBRONE			Date of Receipt
	Mailing Address 1821 PARK STREET			09 / 30 / 2010
	City	State	Zip Code	Transaction ID: PR2119475124600
	HUNTINGTON BEACH	CA	92648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		360.00
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Net		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1140.00	P/R Deduction (\$60.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		672.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 121 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	.C (United for	Health)	
∠ 4.	Full Name (Last, First, Middle Initial) AMY J GILDERNICK			Date of Receipt
	Mailing Address 2709 WILLIAMS GRA	ANT		09 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119475224600
	DE PERE	WI	54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Assoc Di		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) DAVID M HANSEN			Date of Receipt
	Mailing Address 33 VIA CONOCIDO			09 / 30 / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119476724600
	SAN CLEMENTE	CA	92673	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		675.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Health P		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2565.00	P/R Deduction (\$135.00 Bi- Weekly)
- ).	Full Name (Last, First, Middle Initial) SAMUEL W HO			Date of Receipt
	Mailing Address 4220 OCEAN DR			09 / 30 / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119477924600
	MANHATTAN BEACH	CA	90266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		922.80
	Name of Employer UnitedHealth Group, Inc.	Occupatio Market G	n Arp Chief Clinical Off	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2276.60	P/R Deduction (\$153.80 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)			1717.80

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 121 (check only one)    X
4	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be name and addres	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for He	ealth)	
ب 4.	Full Name (Last, First, Middle Initial) KEVIN D HOST			Date of Receipt
	Mailing Address 14617 GRANT ST			09 / 30 / 4 2010
	City OVERLAND PARK	State KS	Zip Code 66221	Transaction ID: PR2119478224600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00221	120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Pharma	cy Operations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) BRIAN JEFFREY	_ <b>I</b>		Date of Receipt
	Mailing Address 9 RIMROCK			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: PR2119479124600
	IRVINE	CA	92603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Network	Contracting	
	Receipt For:	Aggregate Ye	ear-to-Date <b>V</b>	
	Primary General Other (specify) ▼		475.00	P/R Deduction (\$25.00 Bi- Weekly)
_ ).	Full Name (Last, First, Middle Initial) JOHN D JONES	1		Date of Receipt
	Mailing Address 3562 REDWOOD			0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119479224600
	IRVINE	CA	92606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		576.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Govt Re	 	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1824.00	P/R Deduction (\$96.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			846.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 121 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated	s and Statements may not be sold or used by any personing the name and address of any political committee to d PAC (United for Health)	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MARK C KNUTSON		Date of Receipt
Mailing Address 13102 PALOMAR		09 / 30 / 2010
City NORTH TUSTIN	State Zip Code CA 92705	Transaction ID: PR2119480224600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 32703	90.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Customer Service	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) SANDY M LUEDKE		Date of Receipt
Mailing Address 1208 COPRINUS	SDR	09 30 2010
City	State Zip Code	Transaction ID: PR2119482224600
GREEN BAY	WI 54313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer UnitedHealth Group, Inc.	Occupation IT Database Cnsltnt	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) HEATHER M MACE-MEADOR	<b>-</b>	Date of Receipt
Mailing Address 13531 CARLTON	N OAKS	09 30 2010
City	State Zip Code	Transaction ID: PR2119482524600
SAN ANTONIO	TX 78232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Medical & Clinical Ops	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  380.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (ontin	onal)	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 121 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
UnitedHealth Group Incorporated PAG	United for Health)	
Full Name (Last, First, Middle Initial) JEFFREY S MASON		Date of Receipt
Mailing Address 5670 SHEMIRAN ST		09 / 30 / 2010
City	State Zip Code	Transaction ID: PR2119483024600
LA VERNE	CA 91750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	285.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) CHARLEEN M MILBURN	1	Date of Receipt
Mailing Address 3041 SAN LORENZO	WAY	09 30 7 2010
City	State Zip Code	Transaction ID: PR2119483924600
CARMICHAEL	CA 95608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	390.00
Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1235.00	P/R Deduction (\$65.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) BENITO M MIRANDA		Date of Receipt
Mailing Address PO BOX 1522		09 30 2010
City	State Zip Code	Transaction ID: PR2119484224600
LOMITA	CA 90717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	72.00
Name of Employer UnitedHealth Group, Inc.	Occupation  Medicare Individual Sales Rep	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	P/R Deduction (\$12.00 Bi- Weekly)
	l	552.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	f the Ciried only one)
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE	C (United for Health)	
	Full Name (Last, First, Middle Initial) NANCY J MONK		Date of Receipt
	Mailing Address 12271 CHIANTI DRIV		09 / 00 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	City LOS ALAMITOS	State Zip Code CA 90720	Transaction ID: PR2119484324600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Govt Affairs & Compl	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) KEITH E NYGARD		Date of Receipt
	Mailing Address 1139 E OCEAN BOUL #106	EVARD	09 30 7 2010
	City	State Zip Code	Transaction ID: PR2119485024600
	LONG BEACH FEC ID number of contributing federal political committee.	CA 90802	Amount of Each Receipt this Period  120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Compliance	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) TRACY L OLLMANN-WAGNER		Date of Receipt
	Mailing Address 2839 TIMBER LANE		0 9 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: PR2119485224600
	GREEN BAY  FEC ID number of contributing federal political committee.	WI 54313	Amount of Each Receipt this Period 90.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Mgr Traffic/Workforce	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1	510.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 121 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
UnitedHealth Group Incorporated PA	C (United for Health)	
Full Name (Last, First, Middle Initial) CYNTHIA ANN OTTO		Date of Receipt
Mailing Address 1855 O LEARY ROAI	D	09 30 2010
City	State Zip Code	Transaction ID: PR2119485424600
NEENAH	WI 54956	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Case Mgmt	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	285.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) LYNDA A PAXSON	1	Date of Receipt
Mailing Address 3924 E GARNET PL		09 30 2010
City	State Zip Code	Transaction ID: PR2119485824600
HIGHLANDS RANCH	CO 80126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sr Field Account Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1 5/5 5 1 1/2 (455 55 5)
Other (specify)	475.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DIANA S PETE	1	Date of Receipt
Mailing Address 9010 MORNINGSTAR	R DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2119486324600
SUGAR LAND	TX 77479	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	72.00
Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Utilization Mgmt	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  228.00	P/R Deduction (\$12.00 Bi- Weekly)
CURTOTAL of Descipts This Dags (entional)		312.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 121 (check only one)    X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAG	C (United for	Health)	
. K	Full Name (Last, First, Middle Initial) MICHELLE LYNN PETERS			Date of Receipt
	Mailing Address 1128 COUNTRYSIDE	DR		09 30 / Y Y Y Y Y Y
	City DE PERE	State WI	Zip Code 54115	Transaction ID: PR2119486424600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Actua	n arial Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) AUSTIN T PITTMAN			Date of Receipt
	Mailing Address 14 LOCH RIDGE DRI	VE		09 30 YYYYY 2010
	City	State	Zip Code	Transaction ID: PR2119486724600
	GREENSBORO FEC ID number of contributing federal political committee.	C	27408	Amount of Each Receipt this Period 810.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Chief Gr	n owth Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2565.00	P/R Deduction (\$135.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CYNTHIA L POLICH			Date of Receipt
	Mailing Address 3401 E VIA PALOMIT	Ā		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119486824600
	TUCSON  FEC ID number of contributing federal political committee.	AZ C	85718	Amount of Each Receipt this Period 600.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1900.00	P/R Deduction (\$100.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 121 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (United for Health)	
Full Name (Last, First, Middle Initial) SHARON A RICCIUTI		Date of Receipt
Mailing Address 55 PERENNIAL		09 30 2010
City IRVINE	State Zip Code CA 92603	Transaction ID: PR2119487924600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Clinical Quality	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  380.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) MARILYNN D STYERS		Date of Receipt
Mailing Address 6485 WAYFINDE	RS CT	0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: PR2119490724600
CARLSBAD  FEC ID number of contributing federal political committee.	CA 92009	Amount of Each Receipt this Period  120.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) CHERYL TANIGAWA, MD	I	Date of Receipt
Mailing Address 5598 NAPLES CA	NAL	M M / D D / Y Y Y Y Y Y O D O O D O O D O O D O O D O O D O O O D O D O O D O O D O D O O D O D O O D O D O O D O D O D O D O O D O
City	State Zip Code	Transaction ID: PR2119491124600
LONG BEACH FEC ID number of contributing federal political committee.	CA 90803	Amount of Each Receipt this Period  300.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Enterprise Health Svcs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  950.00	P/R Deduction (\$50.00 Bi-Weekly)
SUBTOTAL of Receints This Page (ontion	nal)	540.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 121 (check only one)    X
A	ny information copied from such Reports and a ror commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for	Health)	
. K	Full Name (Last, First, Middle Initial) CHERYL A THOMSON			Date of Receipt
	Mailing Address 222 FOREST DR			0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SOBIESKI	State WI	Zip Code 54171	Transaction ID: PR2119491624600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Com		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) STEVEN M TUCKER			Date of Receipt
	Mailing Address 211 LOCKFORD			09 30 7 2010
	City	State	Zip Code	Transaction ID: PR2119492024600
	IRVINE FEC ID number of contributing federal political committee.	CA	92602	Amount of Each Receipt this Period 576.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP Regu	n Ilatory Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1824.00	P/R Deduction (\$96.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SUSAN VANASTEN			Date of Receipt
	Mailing Address W313 GOLDEN GLO	W RD		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR2119492624600
	KAUKAUNA FEC ID number of contributing federal political committee.	C	54130	Amount of Each Receipt this Period  240.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Site Dir N	n Medicare Inside Sales	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 760.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			906.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 121 (check only one)    X
or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
UnitedHealth Group Incorporated PA	C (United for Health)	
Full Name (Last, First, Middle Initial) SCOTT B WESTPHAL		Date of Receipt
Mailing Address 4536 ROCKY RUN LI		09 / 30 / 2010
City OCONTO	State Zip Code WI 54153	Transaction ID: PR2119493224600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	69.24
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Actuarial Services	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi-Weekly)
Full Name (Last, First, Middle Initial) LINDA D DAUGHERTY		Date of Receipt
Mailing Address 15442 NORTH 19TH	WAY	09 30 2010
City	State Zip Code	Transaction ID: PR2119493524600
PHOENIX	AZ 85022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Associate General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GREGORY WRIGHT		Date of Receipt
Mailing Address 13901 MAUVE DRIVE		0 9 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SANTA ANA	State Zip Code CA 92705	Transaction ID: PR2119494124600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP General Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
		339.24

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 121 (check only one)    X
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for	Health)	
∠ 4.	Full Name (Last, First, Middle Initial) GEORGE M YOUNG			Date of Receipt
	Mailing Address 8131 S COOLIDGE V	VAY		09 / 30 / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2119494424600
	AURORA	CO	80016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Executiv	n e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	285.00	P/R Deduction (\$15.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) FORREST G BURKE			Date of Receipt
	Mailing Address 380 LEAF STREET			09 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2133132424600
	ORONO	MN	55356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Presiden	n It PS Labor & Trust	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1360.00	P/R Deduction (\$100.00 Bi- Weekly)
 ;.	Full Name (Last, First, Middle Initial) WILLIAM R COLEMAN			Date of Receipt
	Mailing Address 831 RATLEY ROAD			09 30 7 2010
	City	State	Zip Code	Transaction ID: PR2133132524600
	WEST SUFFIELD	СТ	06093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		72.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Clain		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 228.00	P/R Deduction (\$12.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	l		762.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 121 (check only one)    X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for	Health)	
۷.	Full Name (Last, First, Middle Initial) DANIEL M CUMMINGS			Date of Receipt
	Mailing Address 1929 FAIRMOUNT A	VΕ		09 / 30 / Y Y Y Y Y Y Y
	City SAINT PAUL	State MN	Zip Code 55105	Transaction ID: PR2133132624600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Finar		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)
_ 3.	Full Name (Last, First, Middle Initial) CHARLES W HANSON			Date of Receipt
	Mailing Address 4133 WHITE OAK LN	I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2133133124600
	EXCELSIOR  FEC ID number of contributing federal political committee.	C	55331	Amount of Each Receipt this Period  229.86
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Under		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.92	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) BROR O HULTGREN	1		Date of Receipt
	Mailing Address 408 22ND ST			0 9 3 0 2 0 1 0
	City GOLDEN	State CO	Zip Code 80401	Transaction ID: PR2133133224600
	FEC ID number of contributing federal political committee.	C	80401	Amount of Each Receipt this Period  230.76
	Name of Employer UnitedHealth Group, Inc.	Occupation Regional	n Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 730.74	P/R Deduction (\$38.46 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).	1		550.62

#1201 City   State   Zip Code   Transaction ID: PR213313355;   Amount of Each Receipt this Per	Use separate schedule for each category of the Detailed Summary Page	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 56 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Full Name (Last, First, Middle Initial)  A. HLEXANDER STREET  #1201 City YONKERS NY 10701 FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  FIRST ID Number of contributing federal political committee.  Name (Last, First, Middle Initial) Allen D MILLER  Mailing Address 6209 CRESCENT DRIVE  City State Zip Code Dir General Management  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Receipt For: Primary General  Cuty State Zip Code MN 55436  Amount of Each Receipt ins Per  Transaction ID: PR21331336: Amount of Each Receipt ins Per  Primary General  Cuty State Zip Code MN 55436  Amount of Each Receipt ins Per  Primary General  Cuty Primary General  Cuty Primary General  Cuty State Zip Code Primary General  Cuty Primary General  Cuty State Zip Code Description  Primary General  Cuty State Zip Code Description  Primary General  Cuty State Zip Code Description  Primary General  Cuty Primary General	ame and address of any political comm	or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)	of for the purpose of soliciting contributions solicit contributions from such committee.
A. CAROLYN MAGILL HANSON  Mailing Address 1 ALEXANDER STREET  #1201  City State Zip Code YONKERS  NY 10701  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Dir General Management  Receipt For: Primary General Other (specify) ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt this Per Primary State Zip Code MN 55436  Amount of Each Receipt this Per Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Other (specify) ▼  Date of Receipt For: Primary General Occupation President Insurance Solutions Primary General Optical committee.  P/R Deduction (\$150.00 Bi-Primary General Primary General P		/	1
City State Zip Code NY 10701  Amount of Each Receipt this Per UnitedHealth Group, Inc.    Name of Employer UnitedHealth Group, Inc.	-	CAROLYN MAGILL HANSON  Mailing Address 1 ALEXANDER STREET	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Receipt For:  Primary General Other (specify) ▼	· ·	City State	Transaction ID: PR2133133524600
Receipt For:		FEC ID number of contributing	Amount of Each Receipt this Period  115.38
Primary General Other (specify) ▼    State   Zip Code   Transaction ID: PR21331336.     P/R Deduction (\$19.23 Bi-Weekly)		Name of Employer UnitedHealth Group, Inc.  Occupa Dir Ge	-
ALLEN D MILLER  Mailing Address 6209 CRESCENT DRIVE  City State Zip Code EDINA MN 55436  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Receipt For: Primary General Other (specify) ▼  SusAn C MORISATO  Mailing Address 238 ARDMORE ROAD  City State Zip Code Primary General Other (specify) ▼  State Zip Code Primary General Other (specify) ▼  State Zip Code Transaction ID: PR21331336: Amount of Each Receipt this Per  Primary General  Date of Receipt  Transaction ID: PR21331336: Amount of Each Receipt this Per  Primary General  Date of Receipt  Transaction ID: PR21331336: Amount of Each Receipt this Per  Date of Receipt  Transaction ID: PR21331336: Amount of Each Receipt this Per  Primary General  Date of Receipt  Primary Date of Receipt  Primary Date of Receipt  Transaction ID: PR21331338: Amount of Each Receipt this Per  Primary General  President Insurance Solutions  President Insurance Solutions  President Insurance Solutions  Primary General  P/R Deduction (\$150.00 Bi-	365.3	Primary General	P/R Deduction (\$19.23 Bi- Weekly)
City State Zip Code MN 55436  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) SUSAN C MORISATO Mailing Address 238 ARDMORE ROAD  City State Zip Code IL 60016  FEC ID number of contributing federal political committee.  C Transaction ID: PR21331336: Amount of Each Receipt this Per Weekly)  P/R Deduction (\$35.00 Bi-Weekly)  Date of Receipt  M M M S5436  Amount of Each Receipt this Per Suspension of Suspension ID: PR21331338: Amount of Each Receipt this Per State Sip Code IL 60016  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  President Insurance Solutions  Receipt For: Primary General P/R Deduction (\$150.00 Bi-Virial State Size Point State Size Primary Primary General P/R Deduction (\$150.00 Bi-Virial State Primary P/R Deduction (\$150.00 Bi-Virial State P/R Deduction (\$150.00 Bi-Viria		ALLEN D MILLER	╡
EDINA  MIN 55436  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) SUSAN C MORISATO  Mailing Address 238 ARDMORE ROAD  City State Zip Code IL 60016  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Name of Employer UnitedHealth Group, Inc.  Receipt For: Primary General  Occupation President Insurance Solutions  Aggregate Year-to-Date ▼  P/R Deduction (\$35.00 Bi-  P/R Deduction (\$150.00 Bi-			
Name of Employer UnitedHealth Group, Inc.   Name of Employer UnitedHealth Group, Inc.   Regional Executive	'	-	Amount of Each Receipt this Period
UnitedHealth Group, Inc.  Regional Executive  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) SUSAN C MORISATO  Mailing Address 238 ARDMORE ROAD  City State Zip Code DES PLAINES  IL 60016  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Regional Executive  Aggregate Year-to-Date ▼  Primary General  P/R Deduction (\$35.00 Bi-Weekly)  Date of Receipt  M M M / D D D / 2 0  Transaction ID: PR213313383  Amount of Each Receipt this Per  Goccupation President Insurance Solutions  Receipt For: Primary General  P/R Deduction (\$150.00 Bi-PR2150.00 Bi-	C	FEC ID number of contributing federal political committee.	210.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) SUSAN C MORISATO Mailing Address 238 ARDMORE ROAD  City State Zip Code DES PLAINES IL 60016  Transaction ID: PR21331338: Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Receipt For: Primary General  P/R Deduction (\$35.00 Bi-Weekly)  Page of Receipt  Transaction ID: PR21331338: Amount of Each Receipt this Per  900  President Insurance Solutions  Aggregate Year-to-Date ▼  P/R Deduction (\$150.00 Bi-Weekly)		UnitedHealth Group Inc	]
SUSAN C MORISATO  Mailing Address 238 ARDMORE ROAD  City State Zip Code  DES PLAINES  IL 60016  Transaction ID: PR213313383  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  President Insurance Solutions  Receipt For:  Primary General  Date of Receipt  M M M / D D D / Y Y Y O O O O O O O O O O O O O O O O		Primary General	P/R Deduction (\$35.00 Bi- Weekly)
City State Zip Code Transaction ID: PR213313383  DES PLAINES IL 60016  FEC ID number of contributing federal political committee.  C 900  Name of Employer UnitedHealth Group, Inc.  Receipt For:  Primary General P/R Deduction (\$150.00 Bi-			Date of Receipt
DES PLAINES  IL 60016  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  C  Name of Employer UnitedHealth Group, Inc.  Receipt For:  Primary  General  Amount of Each Receipt this Per  900  POCCUPATION  Amount of Each Receipt this Per  900  POCCUPATION  President Insurance Solutions  Aggregate Year-to-Date ▼  P/R Deduction (\$150.00 Bi-			09 30 2010
FEC ID number of contributing federal political committee.    Name of Employer UnitedHealth Group, Inc.   Occupation President Insurance Solutions	·	•	Transaction ID: PR2133133824600
Receipt For:  Primary  General  Aggregate Year-to-Date  P/R Deduction (\$150.00 Bi-		FEC ID number of contributing	900.00
Primary General P/R Deduction (\$150.00 Bi-	•	Name of Employer UnitedHealth Group, Inc.  Occupa Presid	1
		Primary General	P/R Deduction (\$150.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)	1225.38

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 121 (check only one)    X
A	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAGE  Output  Description:	C (United for	Health)	
. <u>/</u>	Full Name (Last, First, Middle Initial) KIMBERLY ALLENE NETTLETON			Date of Receipt
	Mailing Address 5003 DARNELL			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HOUSTON	State TX	Zip Code 77096	Transaction ID: PR2133133924600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Gene	n eral Management	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) T JEFFREY PUTNAM			Date of Receipt
	Mailing Address 303 ELMWOOD PLA	CE WEST		09 30 7 2010
	City	State	Zip Code	Transaction ID: PR2133134224600
	MINNEAPOLIS  FEC ID number of contributing federal political committee.	C	55419	Amount of Each Receipt this Period  1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupatio SVP Fina	n ancial Plng & Analysis	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DIANE M SCHIMMELBUSCH			Date of Receipt
	Mailing Address 2203 RIVER FALLS	DRIVE		09 30 7 2010
	City	State	Zip Code	Transaction ID: PR2133134624600
	KINGWOOD  FEC ID number of contributing federal political committee.	C	77339	Amount of Each Receipt this Period  150.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Medio	n cal & Clinical Ops	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		1393.80

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	.C (United for	Health)	
	Full Name (Last, First, Middle Initial) ROBERT C FALKENBERG			Date of Receipt
	Mailing Address 6069 WEATHERED	OAK CT		09 30 2010
	City	State	Zip Code	Transaction ID: PR2145728424600
	WESTERVILLE	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		230.76
	Name of Employer UnitedHealth Group, Inc.	Occupation Health P		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		730.74	P/R Deduction (\$38.46 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) ROB FARAHANI			Date of Receipt
	Mailing Address PO BOX 704			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2145728524600
	HUNTINGTON	NY	11743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		230.76
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir IT Pr	n oject Mgmt	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		730.74	P/R Deduction (\$38.46 Bi- Weekly)
	Full Name (Last, First, Middle Initial) CARL T KIDD			Date of Receipt
	Mailing Address 12210 OYSTER COV	/E COURT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2145728824600
	STAFFORD	TX	77477	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		173.10
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Clien	n t Svc Acct Mgt	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	548.15	P/R Deduction (\$28.85 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			634.62

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 121 (check only one)    X
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	· ·	(Officed for	пеаш)	
. 1	Full Name (Last, First, Middle Initial) NANCY E LINDIMORE			Date of Receipt
_	Mailing Address 8256 SNEAD WAY			09 30 2010
	City WESTERVILLE	State OH	Zip Code 43082	Transaction ID: PR2145728924600  Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		120.00
1	Name of Employer JnitedHealth Group, Inc.	Occupatio KA Dir A	n cct Mgmt	
F	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) WAYNE MILLER			Date of Receipt
_	Mailing Address 19521 SIERRA SOTO	RD		09 30 2010
	Dity	State	Zip Code	Transaction ID: PR2145729224600
_	RVINE FEC ID number of contributing	CA	92603	Amount of Each Receipt this Period
	ederal political committee.	C		120.00
1	Name of Employer JnitedHealth Group, Inc.	Occupatio RVP Clie	n ent Mgmt & Svc	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) LEAH C RUMMEL			Date of Receipt
N	Mailing Address 12100 TRAUTWEIN R	OAD		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: PR2145729524600
F	AUSTIN FEC ID number of contributing ederal political committee.	C	78737	Amount of Each Receipt this Period  90.00
- 1	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Govt		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)	1		330.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 121 (check only one)    X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for I	Health)	
	Full Name (Last, First, Middle Initial) MICHAEL P SCHWARZ			Date of Receipt
	Mailing Address 13935 WOODRIDGE	PATH		09 30 2010
	City	State	Zip Code	Transaction ID: PR2145729724600
	SAVAGE FEC ID number of contributing	C	55378	Amount of Each Receipt this Period  210.00
	federal political committee.  Name of Employer	Occupation		
	Name of Employer UnitedHealth Group, Inc.	VP		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		665.00	P/R Deduction (\$35.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DANNETTE L SMITH			Date of Receipt
	Mailing Address 5414 BYSCANE LANE	E		09 30 7 2010
	City	State	Zip Code	Transaction ID: PR2145729924600
	MINNETONKA	MN	55345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		692.28
	Name of Employer UnitedHealth Group, Inc.	Occupation Sr Deputy	r General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2192.22	P/R Deduction (\$115.38 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) RANDALL SMITH			Date of Receipt
	Mailing Address 20607 BROADWATE	R DRIVE		09 30 2010
	City	State	Zip Code	Transaction ID: PR2145730024600
	LAND O LAKES	<u>FL</u>	34638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		69.24
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Gener	ral Management	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		971.52

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 121 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (United for Health)	
Full Name (Last, First, Middle Initial) MARGARET W WEAR		Date of Receipt
Mailing Address 44 TOPANGA		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City IRVINE	State Zip Code CA 92602	Transaction ID: PR2145730224600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Actuary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ARLENE DAVIDSON	I	Date of Receipt
Mailing Address 7528 NORTH 6TH	I PLACE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PHOENIX	State Zip Code AZ 85020	Transaction ID: PR2162867024600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Marketing Bus Dev	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.37	P/R Deduction (\$19.23 Bi-Weekly)
Full Name (Last, First, Middle Initial) DAVID A SPIVACK	I	Date of Receipt
Mailing Address 37 HIDDEN TRAIL	_	0 9 3 0 2 0 1 0
City	State Zip Code CA 92603	Transaction ID: PR2162867624600
IRVINE FEC ID number of contributing federal political committee.	CA 92603	Amount of Each Receipt this Period
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Business Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3653.70	P/R Deduction (\$192.30 Bi- Weekly)
CURTOTAL of Descints This Desc (aution	nal)	1569.18

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 121 (check only one)    X
,	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for	Health)	
۷.	Full Name (Last, First, Middle Initial) KURT C LEWIS			Date of Receipt
	Mailing Address 961 RIVER FOREST	DRIVE		09 / 30 / 2010
	City MAINEVILLE	State OH	Zip Code 45039	Transaction ID: PR2203967524600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		69.24
	Name of Employer UnitedHealth Group, Inc.	Occupation KA VP S	n ales and Account Mgmt	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 219.26	P/R Deduction (\$11.54 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) CHRISTINE W GIBSON			Date of Receipt
	Mailing Address 8516 29TH AVE N			09 / 30 / 4 2010
	City NEW HOPE	State MN	Zip Code 55427	Transaction ID: PR2225166724600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	JOHE!	692.28
	Name of Employer UnitedHealth Group, Inc.	Occupation Market G	on Grp Chief Mktg Off	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2192.22	P/R Deduction (\$115.38 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) ANDREW M SLAVITT			Date of Receipt
	Mailing Address 5125 MIRROR LAKES	S DRIVE		09 30 2010
	City EDINA	State MN	Zip Code 55436	Transaction ID: PR2225167424600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Business	s Segment CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3250.00	P/R Deduction (\$250.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			2261.52

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 121 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports at	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F		Solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JEAN-FRANCOIS BEAULE		Date of Receipt
Mailing Address 7 STRATFORD RD		0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2225813624600
FARMINGTON  FEC ID number of contributing federal political committee.	CT 06032	Amount of Each Receipt this Period  346.20
Name of Employer UnitedHealth Group, Inc.	Occupation VP General Management	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1096.30	P/R Deduction (\$57.70 Bi- Weekly)
Full Name (Last, First, Middle Initial) DANIEL M HARRIS		Date of Receipt
Mailing Address 51 REALITY ROAD		09 30 YYYY 2010
City	State Zip Code	Transaction ID: PR2225817524600
OXFORD	CT 06478	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Actuarial Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.37	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, First, Middle Initial) NANCY S MACK		Date of Receipt
Mailing Address 10140 26TH AVEN	UE NORTH	0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: PR2225818424600
<u>PLYMOUTH</u>	MN 55441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir IT Project Mgmt	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (options	J)	551.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 121 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for Health)	
Full Name (Last, First, Middle Initial) MICHAEL MCGUIRE		Date of Receipt
Mailing Address 437 DRURY LANE  City	State Zip Code	0 9 3 0 2 0 1 0  Transaction ID: PR2225818824600
WYCKOFF	NJ 07481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ERIC S RANGEN		Date of Receipt
Mailing Address 15348 RED OAKS R	OAD SE	0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2225819324600
PRIOR LAKE	MN 55372	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1153.80
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Chief Accounting Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3653.70	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOHN D RYAN		Date of Receipt
Mailing Address 45 WESTMORELAN	D LN	0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2225819624600
NAPERVILLE	IL 60540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	230.76
Name of Employer UnitedHealth Group, Inc.	Occupation RVP Client Mgmt & Svc	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	D/D D 1 11 11 1 (000 10 2)
Other (specify)	730.74	P/R Deduction (\$38.46 Bi- Weekly)
		1504.56

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 121 (check only one)    X
,	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAGE  Output  Description:	C (United for	Health)	
<b>↓</b> <b>\</b> .	Full Name (Last, First, Middle Initial) KAREN A DIPALMO			Date of Receipt
	Mailing Address 7533 PRAIRIE VIEW	DR		09 / 30 / 4 2010
	City INDIANAPOLIS	State IN	Zip Code 46256	Transaction ID: PR2231347224600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40230	180.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Netw	n ork Programs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 570.00	P/R Deduction (\$30.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) JEFFERY A DROZDA			Date of Receipt
	Mailing Address 9765 GRACE LANE			09 30 2010
	City	State	Zip Code	Transaction ID: PR2231347424600
	CLINTON	LA	70722	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Govt Rel	n Assoc Dir	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	760.00	P/R Deduction (\$40.00 Bi- Weekly)
_ ;.	Full Name (Last, First, Middle Initial) SUSAN A FOWLER			Date of Receipt
	Mailing Address 4396 CREEKSIDE PA	ASS		09 30 7 2010
	City	State	Zip Code	Transaction ID: PR2231349724600
	ZIONSVILLE FEC ID number of contributing	IN	46077	Amount of Each Receipt this Period
	federal political committee.	C		90.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP UHO		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•		510.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 121 (check only one)    X
or for	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rightarrow Ur	nitedHealth Group Incorporated PAC	C (United for	Health)	
. <u>DC</u>	ll Name (Last, First, Middle Initial) DNALD M MUDGETT			Date of Receipt
	illing Address 8131 LAKE POINT WA			09 / 30 / 2010
Cit <b>IN</b>	y DIANAPOLIS	State IN	Zip Code 46256	Transaction ID: PR2231351924600  Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	С		120.00
Na Ur	me of Employer iitedHealth Group, Inc.	Occupation Assoc D	n ir General Management	7
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	ll Name (Last, First, Middle Initial) RRELL S RICHEY	1		Date of Receipt
Ma	illing Address 7244 TULIPTREE TRA	AIL		0 9 3 0 2 0 1 0
Cit	•	State	Zip Code	Transaction ID: PR2231352324600
FE	DIANAPOLIS  C ID number of contributing leral political committee.	C	46256	Amount of Each Receipt this Period 480.00
Na Ur	me of Employer nitedHealth Group, Inc.	Occupation Deputy C	n General Counsel (Mgr)	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1520.00	P/R Deduction (\$80.00 Bi- Weekly)
	II Name (Last, First, Middle Initial) NET SUE SELF	l		Date of Receipt
Ma	illing Address 3202 BABSON CT			09 30 2010
Cit	•	State	Zip Code	Transaction ID: PR2231352424600
FE	DIANAPOLIS C ID number of contributing leral political committee.	C	46268	Amount of Each Receipt this Period  90.00
Na Ur	me of Employer iitedHealth Group, Inc.	Occupation Dir Actua	n arial Services	
Re	ceipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
SUB.	FOTAL of Receipts This Page (optional)	1		690.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 121 (check only one)    X
A O	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) MICHAEL R CONNLY			Date of Receipt
	Mailing Address 570 MONTCALM PL			09 / 30 / Y Y Y Y
	City SAINT PAUL	State MN	Zip Code 55116	Transaction ID: PR2247625824600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Chief Ted	n chnology Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1420.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) CAROLYN B KERR			Date of Receipt
	Mailing Address 3456 ROSENDALE Ro	OAD		0 9 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2247626224600
	NISKAYUNA FEC ID number of contributing federal political committee.	C	12309	Amount of Each Receipt this Period  138.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Govt Rel		7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 437.00	P/R Deduction (\$23.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JOSEPH R CARCIONE JR			Date of Receipt
	Mailing Address 11 CARRIAGE WAY			0 9 3 0 2 0 1 0
	City WHITE PLAINS	State NY	Zip Code 10605	Transaction ID: PR2247626824600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000	346.20
	Name of Employer UnitedHealth Group, Inc.	Occupatio Medical I		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1096.30	P/R Deduction (\$57.70 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	1		1084.20

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 121 (check only one)    X   11a
4	ny information copied from such Reports and s r for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAGE  Output  Description:	C (United for	Health)	
	Full Name (Last, First, Middle Initial) KEVIN DAVID KANTOLA			Date of Receipt
	Mailing Address 7031 HALSTEAD DR	IVE		09 30 2010
	City	State	Zip Code	Transaction ID: PR2247627024600
	MINNETRISTA	MN	55364	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Dir IT Ar	n chitecture	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	475.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DENNIS P O'BRIEN			Date of Receipt
	Mailing Address 61 LOUGHLIN AVE			0 9 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2247627324600
	COS COB	CT	06807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		346.20
	Name of Employer UnitedHealth Group, Inc.	Occupatio RVP Net	n work Mgmt	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1096.30	P/R Deduction (\$57.70 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JEFFERY RICHARD VERNEY			Date of Receipt
	Mailing Address 266 WESTLEDGE RO	DAD		09 30 7 2010
	City	State	Zip Code	Transaction ID: PR2247627424600
	WEST SIMSBURY	CT	06092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		346.20
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP Gene	n eral Management	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1096.30	P/R Deduction (\$57.70 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			842.40

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 121 (check only one)    X
(	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
۷.	Full Name (Last, First, Middle Initial) DARRELL BROOKS			Date of Receipt
	Mailing Address 425 QUEENSLAND L	ANE NORTH	1	09 / 30 / Y Y Y Y
	City PLYMOUTH	State MN	Zip Code 55447	Transaction ID: PR2247627624600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OUTT!	346.20
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP Inforr	n mation Technology	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1096.30	P/R Deduction (\$57.70 Bi-Weekly)
- 3.	Full Name (Last, First, Middle Initial) SANJAY GARODIA			Date of Receipt
	Mailing Address 282 MIDDAUGH			0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2247627824600
	CLARENDON HILLS FEC ID number of contributing	<u>IL</u>	60514	Amount of Each Receipt this Period
	federal political committee.	C		230.76
	Name of Employer UnitedHealth Group, Inc.	Occupatio COO	n	
	Receipt For:		e Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼	0 0	730.74	P/R Deduction (\$38.46 Bi- Weekly)
_ :	Full Name (Last, First, Middle Initial) JACQUELINE B KOSECOFF			Date of Receipt
-	Mailing Address 1474 BIENVENEDA A	AVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2247627924600
	PACIFIC PALISADES	CA	90272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupatio Business	n s Segment CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		1730.76

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any or f	r information copied from such Reports and Sor commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) DANIEL L OHMAN			Date of Receipt
•	Mailing Address 8970 MOOR PARK RI	UN		09 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City DULUTH	State GA	Zip Code 30097	Transaction ID: PR2247628024600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		161.52
	Name of Employer UnitedHealth Group, Inc.	Occupation Region (		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 511.48	P/R Deduction (\$26.92 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JOHN M PRINCE			Date of Receipt
	Mailing Address 546 HARRINGTON Re	OAD		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR2259738424600
•	WAYZATA FEC ID number of contributing federal political committee.	C	55391	Amount of Each Receipt this Period 582.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio	n s Segment COO	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1387.00	P/R Deduction (\$97.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) DAWN M SIGGETT			Date of Receipt
	Mailing Address 5500 NICHOLSON RI	)		09 30 2010
	City FOWLERVILLE	State MI	Zip Code 48836	Transaction ID: PR2270335124600  Amount of Each Receipt this Period
•	FEC ID number of contributing federal political committee.	C	4000	20.00
•	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			763.52

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 121 (check only one)  X 11a 11b 11c 12
Any information	on copied from such Reports and S	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF	COMMITTEE (In Full) calth Group Incorporated PAC			Solicit contributions from Such committee.
Full Name CHRIS CR	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad		232		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUSTIN		State TX	Zip Code 78703	Transaction ID: PR2270522924600  Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	70700	230.76
Name of E UnitedHea	mployer Ith Group, Inc.	Occupatio Govt Rel		
Receipt Fo			e Year-to-Date ▼ 730.74	P/R Deduction (\$38.46 Bi- Weekly)
Full Name JEFFREY [	(Last, First, Middle Initial) DALTER			Date of Receipt
Mailing Ad	dress 3 WOODLAND ROAD	)		09 30 7 2010
City BELLE T	ERRE	State NY	Zip Code 11777	Transaction ID: PR2402315224600  Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C		88.74
Name of E UnitedHea	mployer Ith Group, Inc.	Occupatio Business	n s Segment CEO	
Receipt Fo		Aggregate	e Year-to-Date ▼ 281.01	P/R Deduction (\$14.79 Bi- Weekly)
Full Name JANI H DAI	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	dress PO BOX 507			M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City FAYETT	EVII I E	State GA	Zip Code 30214	Transaction ID: PR2402315824600  Amount of Each Receipt this Period
FEC ID nu	mber of contributing tical committee.	C	00214	25.00
Name of E UnitedHea	mployer lith Group, Inc.	Occupatio Assoc Di	n ir General Management	
Receipt Fo		Aggregate	e Year-to-Date ▼ 350.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL	of Receipts This Page (optional)	1		344.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 121 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for	Health)	
. K	Full Name (Last, First, Middle Initial) JEANNE M DE SA			Date of Receipt
	Mailing Address 3000 TILDEN STREE	T NW #204-	1	09 30 / Y Y Y Y Y Y
	City WASHINGTON	State DC	Zip Code 20008	Transaction ID: PR2402315924600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Govt Rel		
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) LISA M HARRELL	0 0	0 0 0 0 0 0 0	Date of Receipt
	Mailing Address 1741 CAMBRIDGE AV	VENUE		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR2402316924600
	FLOSSMOOR FEC ID number of contributing federal political committee.	C	60422	Amount of Each Receipt this Period  150.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Human (	on Capital Partner	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SCOTT E HENDERSON	_		Date of Receipt
	Mailing Address 749 PEARSON POIN	T PLACE		0 9 3 0 2 0 1 0
	City ANNAPOLIS	State MD	Zip Code	Transaction ID: PR2402317024600
	FEC ID number of contributing federal political committee.	C	21401	Amount of Each Receipt this Period 210.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 665.00	P/R Deduction (\$35.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			660.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 121 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports at	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F		o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ANGELA DAWN KEPLEY CARRIER		Date of Receipt
Mailing Address 3219 PENINSULA	DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City JAMESTOWN	State Zip Code NC 27282	Transaction ID: PR2402317724600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Case Mgmt	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  380.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) MARILYN LEVI-BAUMGARTEN		Date of Receipt
Mailing Address 4800 W 27TH ST		09 / 30 / Y Y Y Y Y
City SAINT LOUIS PARK	State Zip Code MN 55416	Transaction ID: PR2402317924600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir General Management	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  380.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JAKE LOGAN		Date of Receipt
Mailing Address 5520 CHEERY LYN	NN ROAD	09 30 7 9 10
City	State Zip Code	Transaction ID: PR2402318224600
PHOENIX  FEC ID number of contributing federal political committee.	AZ 85018	Amount of Each Receipt this Period  150.00
Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option:	al)	390.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 121 (check only one)    X
4	nny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for	Health)	
. K	Full Name (Last, First, Middle Initial) MARIA MCCAULEY			Date of Receipt
	Mailing Address 15916 MARSHFIELD	DRIVE		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City TAMPA	State FL	Zip Code 33624	Transaction ID: PR2402318424600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Sr Project	n ct Manager II	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) STACY S MCGRATH			Date of Receipt
	Mailing Address 5625 CHOWEN AVE	09 30 YYYYY		
	City	State	Zip Code	Transaction ID: PR2402318524600
	EDINA FEC ID number of contributing federal political committee.	C	55410	Amount of Each Receipt this Period 90.00
	Name of Employer	Occupation	n	
	UnitedHealth Group, Inc.	1	ness Process	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JILL RIVERS			Date of Receipt
	Mailing Address 6648 DASHER COUR	RT		0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR2402319524600
	COLUMBIA	MD	21045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional).	•		360.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 121 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports a	and Statements may not be sold or used by any pers	13 14 15 16 on for the purpose of soliciting contributions
or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (United for Health)	
Full Name (Last, First, Middle Initial) LORI K SWEERE		Date of Receipt
Mailing Address 11826 GERMAINE		09 / 30 / 4 7 7 7
City	State Zip Code	Transaction ID: PR2402320224600
EDEN PRAIRIE	MN 55347	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer UnitedHealth Group, Inc.	Occupation EVP Human Capital	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1510.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) KELLY WARREN		Date of Receipt
Mailing Address 4902 WEST PARK		09 30 7 2010
City	State Zip Code	Transaction ID: PR2402320524600
AUSTIN	TX 78731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Bus Dvlp	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	475.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JAY M ANLIKER		Date of Receipt
Mailing Address 4306 MOUNTAIN I	LANE	09 30 7 2010
City	State Zip Code	Transaction ID: PR2402445024600
WAUSAU	WI 54401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO TPA	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
	al)	870.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any persoling the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (United for Health)	
Full Name (Last, First, Middle Initial) JAMES C COLEMAN		Date of Receipt
Mailing Address 4135 ETHAN DF	RIVE	09 30 7 2010
City <u>E</u> AGAN	State Zip Code MN 55123	Transaction ID: PR2402445224600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer UnitedHealth Group	Occupation SVP Employee Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JAMES D DONOVAN	I	Date of Receipt
Mailing Address 2816 MONTREA	UX DRIVE	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FRISCO	State Zip Code TX 75034	Transaction ID: PR2402445324600
FEC ID number of contributing federal political committee.	C 73034	Amount of Each Receipt this Period 390.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Bus Dev and Marketing	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00	P/R Deduction (\$65.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOHN L LARSEN	I	Date of Receipt
Mailing Address 11688 TANGLEV	WOOD DRIVE	0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: PR2402445624600
EDEN PRAIRIE  FEC ID number of contributing federal political committee.	MN 55347	Amount of Each Receipt this Period 300.00
Name of Employer AmeriChoice	Occupation Business Segment CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi- Weekly)
CURTOTAL of Possible This Poss (call	onal)	1290.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 77 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be e name and address of	e sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	C (United for Healt	h)	
	Full Name (Last, First, Middle Initial) KARA J RIOS			Date of Receipt
	Mailing Address 5116 DUGGAN PLAZ			09 / 30 / 2010
	City <u>EDINA</u>		ip Code 5439	Transaction ID: PR2402445724600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Operations	•	
	Receipt For:	Aggregate Year-		
	Primary General Other (specify) ▼		3250.00	P/R Deduction (\$250.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) JOY O HIGA			Date of Receipt
	Mailing Address 2208 ELM AVENUE			0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		ip Code	Transaction ID: PR2402446224600
	MANHATTAN BEACH	CA 9	0266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Regulatory	Affairs	
	Receipt For:	Aggregate Year-	to-Date ▼	
	Primary General Other (specify) ▼		570.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SOHINI G JINDAL			Date of Receipt
	Mailing Address 19513 MILL DAM PLA	ACE		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Z	ip Code	Transaction ID: PR2402446324600
	LANSDOWNE	<u>VA</u> 2	20176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir		
	Receipt For: Primary General	Aggregate Year-	to-Date ▼	
	Other (specify)		1420.00	P/R Deduction (\$100.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		2280.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 121 (check only one)    X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	UnitedHealth Group Incorporated PAG	C (United for	Health)	
	Full Name (Last, First, Middle Initial) RUSSELL C PETRELLA			Date of Receipt
	Mailing Address 4612 MOORLAND AV	/ENUE		09 / 30 / Y Y Y Y
	City EDINA	State MN	Zip Code	Transaction ID: PR2402446424600
	FEC ID number of contributing federal political committee.	C	55424	Amount of Each Receipt this Period  600.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Presiden	n t Americhoice	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1810.00	P/R Deduction (\$100.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JOELLE OISHI THORNHILL			Date of Receipt
	Mailing Address 801 E TIMBER BRAN	09 30 Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR2402446524600
	ALEXANDRIA	VA	22302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		360.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 780.00	P/R Deduction (\$60.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CORY ALEXANDER			Date of Receipt
	Mailing Address 4203 BRADLEY LANE	Ξ		0 9 3 0 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2405428824600
	CHEVY CHASE FEC ID number of contributing federal political committee.	MD C	20815	Amount of Each Receipt this Period  1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Gov't	n : Relations	
	Receipt For: Primary General Other (specify)	<del>, '</del>	Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi-Weekly)
$\begin{bmatrix} 1 \end{bmatrix}$	SUBTOTAL of Receipts This Page (optional) .	1		2113.80

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	and Statements may not be sold or used by any persor go the name and address of any political committee to see PAC (United for Health)	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH R STEVENS  Mailing Address 1621 BERKSHIRE	E RD	Date of Receipt
City	State Zip Code OH 43221	0 9 3 0 2 0 1 0  Transaction ID: PR2405429124600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	285.60
Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir  Aggregate Year-to-Date ▼	- -
Primary General Other (specify) ▼	666.40	P/R Deduction (\$47.60 Bi- Weekly)
Full Name (Last, First, Middle Initial) RODNEY CHARLES ARMSTEAD Mailing Address ONE HARBORSIE	DE PLACE	Date of Receipt
UNIT 701		09 30 2010
City JERSEY CITY	State Zip Code NJ 07311	Transaction ID: PR2405430224600
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  240.00
Name of Employer AmeriChoice	Occupation VP Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) KAREN ANN SAELENS		Date of Receipt
Mailing Address 105 N FLORENCE	EAVE	0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR2408544824600
LITCHFIELD PARK	AZ 85340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer UnitedHealth Group, Inc.  Receipt For:	Occupation Dir General Management  Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	nal)	645.60

<b>I</b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 121 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
Α.	Full Name (Last, First, Middle Initial) KATHLYN G WEE			Date of Receipt
	Mailing Address 4118 38TH ST NW			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City WASHINGTON	State DC	Zip Code 20016	Transaction ID: PR2408545024600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)
– В.	Full Name (Last, First, Middle Initial) GAIL KOZIARA BOUDREAUX Mailing Address 841 HOLDEN COURT	7		Date of Receipt  0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: PR2437119524600
	LAKE FOREST	<u>IL</u>	60045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Manager		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.90	P/R Deduction (\$0.10 Bi-W-eekly)
- C.	Full Name (Last, First, Middle Initial) JEFFREY SEAN CORZINE Mailing Address 7649 EARLINGTON F	PARKWAY		Date of Receipt
				09 30 2010
	City <u>DUBLIN</u>	State OH	Zip Code 43017	Transaction ID: PR2437119724600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Gene	n eral Management	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		240.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 81/121   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F			
Full Name (Last, First, Middle Initial) RITA FAYE JOHNSON-MILLS			Date of Receipt
Mailing Address 9727 SKY LANE			M M / D D / Y Y Y Y O D O O O O O O O O O O O O O O
City EDEN PRAIRIE	State MN	Zip Code 55347	Transaction ID: PR2437120124600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Opera		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID K LIVINGSTON	I		Date of Receipt
Mailing Address 24570 RIDGE POL	E COURT		0 9 3 0 Y Y Y Y Y Y
City SOUTH LYON	State MI	Zip Code 48178	Transaction ID: PR2437120224600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer UnitedHealth Group, Inc.	Occupation Plan Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JACK S WEISS	<u> </u>		Date of Receipt
Mailing Address 6245 NORTH 75 S	TREET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SCOTTSDALE	State AZ	Zip Code 85250	Transaction ID: PR2437120524600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03230	150.00
Name of Employer UnitedHealth Group, Inc.	Occupation Natl Med	n lical Director/CMO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional			390.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 121 (check only one)    X
,	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAGE	C (United for	Health)	
Ľ	Full Name (Last, First, Middle Initial) PAUL JOSEPH BALTHAZOR			Date of Receipt
	Mailing Address 9013 FARNSWORTH	AVENUE N	ORTH	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BROOKLYN PARK	State MN	Zip Code 55443	Transaction ID: PR2437120724600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		360.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio VP Netw		7
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		660.00	P/R Deduction (\$60.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) KELLY L CLARK			Date of Receipt
	Mailing Address 13540 BIRCHWOOD	09 30 2010		
	City	State	Zip Code	Transaction ID: PR2437121324600
	ROSEMOUNT MN 55068			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			230.76
	Name of Employer UnitedHealth Group, Inc.	Occupation Business	n s Segment CIO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	730.74	P/R Deduction (\$38.46 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) LAURA L NESS			Date of Receipt
	Mailing Address 10550 PINNACLE WA	AY		09 30 2010
	City	State	Zip Code	Transaction ID: PR2437121524600
	WOODBURY	MN	55129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Oper		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		380.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			710.76

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 121 (check only one)    X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)	
۷.	Full Name (Last, First, Middle Initial) ROBIN E LIPPERT			Date of Receipt
	Mailing Address 522 4 STREET SOUTI	H EAST		09 / 30 / 2010
	City WASHINGTON	State DC	Zip Code 20003	Transaction ID: PR2439928024600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer UnitedHealth Group	Occupation Dir Govt		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.00	P/R Deduction (\$226.19 Bi-Weekly)
 s.	Full Name (Last, First, Middle Initial) STEPHEN M HEYMAN			Date of Receipt
	Mailing Address 5300 SHERRILL AVEN	09 30 2010		
	City	State	Zip Code	Transaction ID: PR2444265724600
	CHEVY CHASE  FEC ID number of contributing federal political committee.	MD C	20815	Amount of Each Receipt this Period  600.00
	Name of Employer UnitedHealth Group	Occupation VP Govt		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1400.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) LORI C MCDOUGAL	1		Date of Receipt
	Mailing Address 19705 LAKEVIEW AV	ENUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MN	Zip Code	Transaction ID: PR2445015324600
	DEEPHAVEN FEC ID number of contributing federal political committee.	C	55331	Amount of Each Receipt this Period  1153.80
	Name of Employer UnitedHealthcare	Occupation CEO - UI		7
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 2307.60	P/R Deduction (\$192.30 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)	1		2053.80

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 121 (check only one)    X
1	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE	C (United for	Health)	
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) DONALD S LANGER			Date of Receipt
	Mailing Address 177 SOUTHBOROUG	GH ROAD		09 / 30 / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2445015424600
	SOUTHINGTON	СТ	06489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Plan Pre		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) CHARLES L WILKINS			Date of Receipt
	Mailing Address 10827 MOUNT CURV	09 30 7 2010		
	City	State	Zip Code	Transaction ID: PR2445016624600
	EDEN PRAIRIE	MN	55347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer OptumHealth	Occupation CEO OH	n I Financial Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) SABRINA FERGUSON			Date of Receipt
	Mailing Address 204 CHESTNUT DRIV	VΕ		0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2445017224600
	BRANDON	MS	39047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Di	n ir Clinical Quality	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			840.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12 13 14 15 16				
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC	C (United for	Health)					
Full Name (Last, First, Middle Initial) EILEEN J LIVERANI			Date of Receipt				
Mailing Address 100 BOSTOCK ROAD	)		M M / D D / Y Y Y Y				
City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: PR2460167224600				
SHOKAN	NY	12481	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		166.20				
Name of Employer UnitedHealth Group, Inc.	Occupatio Dir Custo	n omer Service					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 304.70	P/R Deduction (\$27.70 Bi- Weekly)				
Full Name (Last, First, Middle Initial) KARIN KEITEL			Date of Receipt				
Mailing Address 3918 HAVEN ROAD			09 / 30 / 4 9 9				
City	State	Zip Code	Transaction ID: PR2460167624600				
MINNETONKA  FEC ID number of contributing	C	55345	Amount of Each Receipt this Period 300.00				
federal political committee.	C		000.00				
Name of Employer Ingenix	Occupatio Business	n s Segment Gen Counsel					
Receipt For:	1 '	e Year-to-Date ▼					
Primary General Other (specify) ▼		550.00	P/R Deduction (\$50.00 Bi- Weekly)				
Full Name (Last, First, Middle Initial) SHELBY P SOLOMON	<u> </u>		Date of Receipt				
Mailing Address 5702 BLAKE ROAD			09 30 Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: PR2460167924600				
EDINA CONTRACTOR	MN	55436	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		690.00				
Name of Employer Ingenix	<del>' '</del>	t Payer & Government					
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	D/D Deduction (0445 22 B)				
Other (specify)		1265.00	P/R Deduction (\$115.00 Bi- Weekly)				
			1156.20				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ry not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	C (United for	Health)	
Α.	Full Name (Last, First, Middle Initial) JELKA S PETROVIC			Date of Receipt
	Mailing Address 4454 PEPPER MILL	LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ORION	State MI	Zip Code	Transaction ID: PR2460168024600
	FEC ID number of contributing federal political committee.	C	48359	Amount of Each Receipt this Period  120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Health P	on Plan CEO	7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) LARRY C RENFRO Mailing Address 5 DOVE LANE			Date of Receipt
	City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: PR2460168124600
	ANDOVER	MA	01810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1153.80
	Name of Employer UnitedHealth Group	Occupation CEO	on	
	Receipt For:	·	e Year-to-Date	
	Primary General Other (specify) ▼		2115.30	P/R Deduction (\$192.30 Bi- Weekly)
C.	Full Name (Last, First, Middle Initial) DAVID B ORBUCH			Date of Receipt
	Mailing Address 3370 SYCAMORE LA	ANE		09 30 YYYY 2010
	City	State	Zip Code	Transaction ID: PR2460168224600
	PLYMOUTH	MN	55441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		231.00
	Name of Employer UnitedHealth Group	Occupation Chief Co	on ompliance Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 423.50	P/R Deduction (\$38.50 Bi- Weekly)
	SUPTOTAL of Possints This Poss (astists-1)			1504.80
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 121 (check only one)    X   11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for	Health)	
	Full Name (Last, First, Middle Initial) ERIC J WEXLER			Date of Receipt
	Mailing Address 7220 WILLOW OAK [	DR		09 30 2010
	City WEST BLOOMFIELD	State MI	Zip Code 48324	Transaction ID: PR2463723124600  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.00
	Name of Employer UnitedHealth Group, Inc.	Occupatio Deputy C	n General Counsel (Mgr)	
	Receipt For:  Primary General  Other (specify) ▼	<del>                                     </del>	e Year-to-Date ▼ 288.00	P/R Deduction (\$32.00 Bi- Weekly)
-	Full Name (Last, First, Middle Initial) ERIC A SCHUTT			Date of Receipt
	Mailing Address 2675 TOWER ROAD			09 30 2010
	City	State	Zip Code	Transaction ID: PR2463724124600
	MCFARLAND	WI	53558	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer UnitedHealth Group	Occupatio Governm	n nent Affairs Senior Manager	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	562.50	P/R Deduction (\$0.00 Bi-W-eekly)
_	Full Name (Last, First, Middle Initial) SUE SCHICK			Date of Receipt
	Mailing Address 319 BERKLEY ROAD			0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2480620524600
	MERION STATION	PA	19066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer UnitedHealthcare	Occupatio Health P		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	P/R Deduction (\$125.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		1317.00

	r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated Presented Presentation Presented Pres	ZED RECEIPTS  for each category of the Detailed Summary Page			
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC	C (United for	Health)		
. K				Date of Receipt	
	Mailing Address 6236 KNOLL DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	-	State MN	Zip Code 55436	Transaction ID: PR2484541624600  Amount of Each Receipt this Period	
		C		426.00	
	Name of Employer Ovations	Occupation VP Integral			
	Primary General	<del>, '                                     </del>	e Year-to-Date ▼ 497.00	P/R Deduction (\$71.00 Bi- Weekly)	
_				Date of Receipt	
	Mailing Address 250 6TH STREET EA	ST		0 9 3 0 / Y Y Y Y Y Y	
	•	State	Zip Code	<b>Transaction ID:</b> PR2484541724600	
	FEC ID number of contributing	C	55101	Amount of Each Receipt this Period  300.00	
	Name of Employer Ovations	Occupation Dir Com	n munications	7	
	Primary General	Aggregate	e Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi- Weekly)	
_					
		COURT		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y	
	City	State	Zip Code	Transaction ID: PR2484541924600	
	SHOREWOOD	MN	55331	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		378.90	
	Name of Employer UnitedHealth Group	Occupation SVP Tot	n al Compensation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 442.05	P/R Deduction (\$63.15 Bi- Weekly)	
	SUBTOTAL of Receipts This Page (optional)			1104.90	

BLUE BELL  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group, Inc.  Receipt For: Primary General Other (specify)  Control of Employer UnitedHealth Group Inc.  Full Name (Last, First, Middle Initial) KEVIN KNARR  Mailing Address 3138 O STREET NW  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer UnitedHealth Group	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a					
Any information copied from such Reports ar	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)	<u> </u>							
			Date of Receipt					
	IRCLE		M M / D D / Y Y Y Y					
City	State	Zip Code	0 9 3 0 2 0 1 0 Transaction ID: PR2484542124600					
•	PA	19422	Amount of Each Receipt this Period					
	C		180.00					
Name of Employer UnitedHealth Group, Inc.	Occupation Six Sigm	n a Consultant						
Primary General	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Bi- Weekly)					
	<b>'</b>		Date of Receipt					
Mailing Address 3138 O STREET N	W		09 / 30 / Y Y Y Y					
•	State DC	Zip Code 20007	Transaction ID: PR2484542324600  Amount of Each Receipt this Period					
FEC ID number of contributing	C	20007	230.76					
Name of Employer UnitedHealth Group	Occupation VP Operation							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R Deduction (\$38.46 Bi- Weekly)					
Full Name (Last, First, Middle Initial) CHRISTOPHER J PAULISON	<b>I</b>		Date of Receipt					
Mailing Address 4601 DREXEL AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: PR2486698024600					
EDINA	MN	55424-1133	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1041.65					
Name of Employer UnitedHealth Group	Occupation Manager							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1041.65	P/R Deduction (\$208.33 Bi- Weekly)					
SUBTOTAL of Receipts This Page (optional	<b>I</b>		1452.41					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 121 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions
UnitedHealth Group Incorporated F	PAC (United for Health)	
Full Name (Last, First, Middle Initial) DIRK C MCMAHON		Date of Receipt
Mailing Address 1608 SUMMIT OAk		09 / 30 / 2010
City BURNSVILLE	State Zip Code MN 55337	Transaction ID: PR2491457024600  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer UnitedHealthcare	Occupation CEO & President Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID A REY		Date of Receipt
Mailing Address 15 WINDSONG W	AY	09 30 2010
City	State Zip Code	Transaction ID: PR2491457124600
LAFAYETTE  FEC ID number of contributing federal political committee.	CA 94549-2318	Amount of Each Receipt this Period  2500.00
Name of Employer UnitedHealth Group	Occupation Executive Administrator	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	P/R Deduction (\$2500.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) DONALD H NATHAN		Date of Receipt
Mailing Address 275 GREENWICH	STREET #30	0 9 3 0 2 0 1 0
City NEW YORK	State Zip Code NY 10007-2150	Transaction ID: PR2491457324600
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  1000.00
Name of Employer UnitedHealth Group	Occupation Chief Communications Officier	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$1000.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	J)	3800.00
TOTAL This Period (last page this line num	bor only)	95294.90

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 121 (check only one)  11a 11b 11c 12 13 14 15 X 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PA	ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Citizens for Arlen Specter Mailing Address 1831 Bay Street SE  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2010 Primary X General	State Zip Code DC 20003  C C00280206  Occupation  Aggregate Year-to-Date  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 2 6 2 0 1 0  Transaction ID: 32196870  Amount of Each Receipt this Period  2000.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Citizens for Arlen Specter  Mailing Address 1831 Bay Street SE  City  Washington  FEC ID number of contributing	State Zip Code DC 20003	Date of Receipt    M M
Receipt For: 2010 Primary X General Other (specify)	C C00280206  Occupation  Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial) Bennett Election Committee Inc  Mailing Address 175 South West Tem  City  Salt Lake City	sple Suite 650 State Zip Code UT 84101	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2010  Primary X General  Other (specify) ▼	C C00343327  Occupation  Aggregate Year-to-Date ▼  1000.00	1000.00
SUBTOTAL of Receipts This Page (optional)		4000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 121 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name ar	s may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (United	d for Health)	
Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate  Mailing Address P.O. Box 1627  City Sta	te Zip Code	Date of Receipt    M M
Saginaw MI  FEC ID number of contributing federal political committee.  C  Name of Employer Occu	48605	Amount of Each Receipt this Period  600.00
	regate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	600.00
TOTAL This Period (last page this line number only)	<b>•</b>	4600.00

IT	EMIZED DIODUBATIONS	Use separate schedule	e(s)	(check onl					
_	EMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag		21b 27	<u> </u>	X 23 28b	24 28c	25 29	2
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group Incorporated PAC)	e and address of any polit							
<u>L</u>	Full Name (Last, First, Middle Initial) Adam Smith For Congress	<u> </u>				ction ID:		230	
	Mailing Address 27030 47th Ave S #104				0 7 M			ž 0 Ĭ 0	Y
	City Kent	State Zip Code WA 98032			Amount	of Each D			-
	Purpose of Disbursement  Candidate Name			011 tegory/				2500.00	
		ement For: 2010 Primary Gener Other (specify)		Гуре					
	Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin  Mailing Address 222 W. Washington Ave				ction ID: Disbursen	nent	289 Ž 0 Ť 0	Y	
	City Madison Purpose of Disbursement	State Zip Code WI 53703			Amount	of Each D		nent this P	
	Candidate Name		Ca	011 tegory/ Γype	-		•		
	Office Sought: House Disburs Senate President	ement For: Primary Gener Other (specify)	!	, , , , ,					
	State: District:								
	State: District:  Full Name (Last, First, Middle Initial)  Childers For Congress				Date of	ction ID: Disbursen			
	Full Name (Last, First, Middle Initial)					Disbursen	nent	668 Ž 0 1 0	Y
	Full Name (Last, First, Middle Initial) Childers For Congress  Mailing Address PO Box 177  City Booneville	State Zip Code MS 38829			Date of 0 7	Disbursen	nent 7 / Y Disbursen	2 0 1 0	Perioc
	Full Name (Last, First, Middle Initial) Childers For Congress  Mailing Address PO Box 177  City Booneville  Purpose of Disbursement  Candidate Name		Ca	011 tegory/	Date of 0 7	Disbursen	nent 7 / Y Disbursen	ž 0 1 0	Perioc
	Full Name (Last, First, Middle Initial) Childers For Congress  Mailing Address PO Box 177  City Booneville Purpose of Disbursement  Candidate Name Rep. Travis Wayne Childers		Ca		Date of 0 7	Disbursen	nent 7 / Y Disbursen	2 0 1 0	Perioc

П	ELUZED DIODIJECELIELE	Use separate schedule		(ch	eck only	one)						
	EMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag			21b 27	22 28a	X 23 28	b 🗌	24 28c	$\vdash$	25 29	
	y Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated PAC (U	Inited for Health)										
•	Full Name (Last, First, Middle Initial) Minnick For Congress					Transa Date o	f Disbu				0 1 0	Υ
	Mailing Address 8150 West Emerald, St	e. 170				•						
	City Boise	State Zip Code ID 83704				Amour	nt of Ea	ch Dis	burse	-		eriod
	Purpose of Disbursement			011				•		100	00.00	•
	Candidate Name Rep. Walter Minnick			atego Type								
	Office Sought:  X House Senate President State: ID District: 01	sement For: 2010 Primary X Gener Other (specify)	ral									
	Full Name (Last, First, Middle Initial)					Transa	action	I <b>D</b> : 3	32196	474		
	Democratic Party of Wisconsin					Date o	f Disbu	-			Y	Υ
	Mailing Address 222 W. Washington Av		0 8		25		2	0 <del>1</del> 0	_			
	City Madison	State Zip Code WI 53703				Amour	nt of Ea	ch Dis	burse			erio
	Purpose of Disbursement			011						150	00.00	
	Candidate Name			atego	,							
	Candidate Name	sement For: Primary Gener Other (specify) ▼		-	,							
	Candidate Name  Office Sought: House Senate President  Disburs	Primary Gener		atego	,	Transa Date o	f Disbu	ırseme	32196 ent		V	
	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)	Primary Gener		atego	,		f Disbu	-			0 1 0	Y
	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Forward Together PAC  Mailing Address 10 G Street, NE	Primary Gener		atego	,	Date o	f Disbu	rseme	ent / Y sburse	Ž ment	this P	
	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Forward Together PAC  Mailing Address 10 G Street, NE Suite 570  City	Primary Gener Other (specify) ▼		atego		Date o	f Disbu	rseme	ent / Y sburse	Ž ment		
	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Forward Together PAC  Mailing Address 10 G Street, NE Suite 570  City Washington Purpose of Disbursement	Primary Gener Other (specify) ▼	ral	atego Type	pry/	Date o	f Disbu	rseme	ent / Y sburse	Ž ment	this P	
	Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Forward Together PAC  Mailing Address 10 G Street, NE Suite 570  City Washington  Purpose of Disbursement Void - Forward Together PAC  Candidate Name Forward Together PAC	Primary Gener Other (specify) ▼	ral	atego Type 011	pry/	Date o	f Disbu	2 5	ent Y	ment -250	this P	

		(FEC FOIIII (	•		arate schedule(s)			OR LINE heck only	NUMBE	ER:		L	PAGE	95 /	121
		BURSEMEN <sup>®</sup>	_	Detailed	category of the Summary Page		È	21b 27	22 28a		23 28b		8c	25 29	
or f	or commercial purp	from such Reports oses, other than usin													3
	NAME OF COMMI UnitedHealth Gr	TTEE (In Full) oup Incorporated	PAC (Un	ited for H	ealth)										
	Full Name (Last, First, Middle Initial) Forward Together PAC								Date	of Dis	sburs	ement	96498	_	
	Mailing Address	10 G Street, NE Suite 570							0 <sup>M</sup> 8	M /	<sup>D</sup> 2	25	Y 2	ž o i c	) <sup>*</sup>
	City Washington			State DC	Zip Code 20002				Amo	unt of	Each	Disbu		nt this f	_
	Purpose of Disburs  Candidate Name	ement					01		Ь.				20	500.00	,
	Forward Togeth	er PAC House	Disburse	ment For:			Typ	gory/ oe							
		Senate President	Disbuise	Primary Other (spe	General ecify) ▼										
	State: I Full Name (Last, Fi	District: rst, Middle Initial)							Trans	sactio	on ID:	: 322	231813	3	
	Friends Of John Boehner  Mailing Address 7000 I Cinainneti Payton Bood								M	M /		ement	Υ ,	ž 0 ž 0	Y
	Mailing Address 7908-I Cincinnati Dayton Road								0 9						
	West Chester			State OH	Zip Code 45069				Amoi	unt of	Each	Disbu		nt this F	_
	Purpose of Disbursement						01		L.,	•	•		30	00.00	
	Candidate Name John A. Boehne						Typ	gory/ oe							
	Office Sought: State: OH	X House Senate President District: 08	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼										
	Full Name (Last, First, Middle Initial)  Wasserman-Schultz For Congress								Date	of Dis		: 322 ement	24024	7	
	Mailing Address 1071 Twin Branch Ln								0 <sup>M</sup> 9	M /	D C	7	Y	ž o ž (	) <sup>Y</sup>
	City Weston			State FL	Zip Code 33326				Amo	unt of	Each	Disbu		nt this f	
	Purpose of Disburs	ement					01		L.		-		1(	00.00	)
	Candidate Name Wasserman Sch						ate Typ	gory/ oe							
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼										
	State: FL I	District: 20													
													85		

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUME	BER:		P	AGE	96 /	121
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	only one)	Гх	23	☐ 24		25	☐ 26
	Botanou Gurimiary Fugo	27	288		28b	28c		29	30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar									S
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporated PAC (L	Inited for Health)								
Full Name (Last, First, Middle Initial) Glacier PAC					ion ID:	: 32249 ement	9503		
Mailing Address 818 Connecticut Ave. N	W		0	9 <sup>M</sup>	/ D 1	<b>4</b> /	ž	0 Ť	O Y
City Washington	State Zip Code DC 20006		Am	ount c	of Each	Disburs	emen	t this	Period
Purpose of Disbursement							50	00.00	)
		011							
Candidate Name Glacier PAC		Category/ Type							
Office Sought: House Disburs Senate President	sement For:  Primary General  Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) Frank Kratovil For Congress					ion ID: isburs	: 32249 ement	9764		
Mailing Address 222 Main Sail Drive PO Box 518			O <sup>M</sup>	9 <sup>M</sup>	/ D 1	<b>4</b> /	<sup>Y</sup> 2	0 1	D Y
City Stevensville	State Zip Code MD 21666		Am	ount c	of Each	Disburs	-	-	
Purpose of Disbursement		011					25	00.00	)
Candidate Name Rep. Frank M. Kratovil, Jr.		Category/ Type							
Senate	sement For: 2010 Primary X General								
President State: MD District: 01	Other (specify)								
Full Name (Last, First, Middle Initial)			Tro	2024	ion ID	: 3225	7476		
Earl Pomeroy for Congress			Dat	e of D	isburs	ement			V
Mailing Address P.O. Box 75214			0 <sup>M</sup>	9 <sup>M</sup>	/ D 1	4 /	ž	0 1 (	o *
City Washington	State Zip Code DC 20013-5214		Am	ount o	of Each	Disburs	emen	t this	Period
Purpose of Disbursement		044	ΠL				25	00.00	)
Candidate Name Earl Pomeroy		011 Category/ Type							
Office Sought:  X House Senate President  Disburs	sement For: 2010 Primary X General Other (specify)								
State: ND District: 01	Carlot (Specify) \								
SUBTOTAL of Disbursements This Page (optional	)						1000	0.00	
ago (optional	,		- =				_	-	

TOTAL This Period (last page this line number only) ......

ITI	HEDULE B (H		y US	e separ	ate schedule(s)	\ I	-	NUMBER:	Р	AGE 97/	121
•	EMIZED DISB	URSEMEN1	S for	each c	ategory of the ummary Page	F	(check onlock 21b 27	22 X 2	3 24 8b 28c	25 29	П
	/ Information copied fro										3
$\overline{\ }$	NAME OF COMMITT UnitedHealth Grou	EE (In Full)	<u>-                                      </u>						<u> </u>		
	Full Name (Last, First Arcuri For Congres	•						Transaction Date of Disb		0986	
	Mailing Address F	P.O. Box 8508						0 9 M	14	žoj(	) <sup>Y</sup>
	City Utica		State NY		Zip Code 13505			Amount of E	ach Disburs		
	Purpose of Disbursem	nent					)11			1000.00	)
	Candidate Name Rep. Michael A. Ar		5			l	egory/ ype				
		House Senate President strict: 24	Disbursement  X Prim  Othe		2010 General ify)						
	Full Name (Last, First Arcuri For Congres	Middle Initial)						Transaction Date of Disb		3594	
	Mailing Address F	P.O. Box 8508						09 /	14	žojo	) <sup>Y</sup>
	City Utica		State NY		Zip Code 13505			Amount of E	ach Disburs	ement this I	Perio
	Purpose of Disbursen Void - Arcuri For Cong					C	)11	L		-1000.00	)
	Candidate Name Rep. Michael A. Ar						egory/ ype				
		House Senate President strict: 24	Disbursement  X Prim  Othe		2010 General ify)			Void - Arcu	ri For Con	gress	
	Full Name (Last, First Arcuri For Congres	,						Transaction Date of Disb	ursement		
	Mailing Address F	P.O. Box 8508						09 /	14	žojo	) \
			State NY		Zip Code 13505			Amount of E	ach Disburs		
	City Utica		IN I								١
	Utica Purpose of Disbursen	nent	IVI				)11			1000.00	,
	Utica Purpose of Disbursen  Candidate Name Rep. Michael A. Ar	curi				Cat	egory/			1000.00	,
	Utica Purpose of Disbursen  Candidate Name Rep. Michael A. Ar  Office Sought:		Disbursement Prim	ary	2010 X General ify) ▼	Cat	egory/			1000.00	

IT	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 98 / 121
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22   X   23   24   25   28a   28b   28c   29   3
	/ Information copied from such Reports and State			d by any person f	for the purpose of soliciting contributions
or	or commercial purposes, other than using the nan	ne and addres	ss of any political	committee to so	licit contributions from such committee
$\Big angle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U	nited for He	ealth)		
	Full Name (Last, First, Middle Initial) Citizens For Altmire				Transaction ID: 32255610 Date of Disbursement
	Mailing Address P.O. Box 1776				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Freedom	State PA	Zip Code 15042		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	5000.00
	Candidate Name Mr. Jason Altmire			Category/ Type	
	Office Sought: X House Disburs Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼		
_	State: PA District: 04				
	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress				<b>Transaction ID:</b> 32259965  Date of Disbursement
	Mailing Address PO Box 12667				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	City Bakersfield	State CA	Zip Code 93389		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	5000.00
	Candidate Name Mr. Kevin McCarthy			Category/ Type	
	Office Sought: X House Disburs Senate	ement For: Primary	2010 X General		
	President	Other (spe	ecity)		
	State: CA District: 22	Other (spe	ecity) $\blacktriangledown$		
		Other (spe	ecity) 🔻		Transaction ID: 32263242 Date of Disbursement
	State: CA District: 22 Full Name (Last, First, Middle Initial)	Other (spe	ecity) \\		
	State: CA District: 22  Full Name (Last, First, Middle Initial) Friends Of John Barrasso  Mailing Address PO Box 52008  City Casper	Other (spe	Zip Code 82605		Date of Disbursement  M 9 M / D 1 4 Y Y O Y O Y O Y O Y O Y O Y O Y O Y O
	State: CA District: 22  Full Name (Last, First, Middle Initial) Friends Of John Barrasso  Mailing Address PO Box 52008  City Casper Purpose of Disbursement	State	Zip Code	011	Date of Disbursement  M 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: CA District: 22  Full Name (Last, First, Middle Initial) Friends Of John Barrasso  Mailing Address PO Box 52008  City Casper  Purpose of Disbursement  Candidate Name Mr. John Barrasso	State WY	Zip Code 82605	011 Category/ Type	Date of Disbursement  M 9 M / D 1 4 Y Y O Y O Y  Amount of Each Disbursement this Period
	State: CA District: 22  Full Name (Last, First, Middle Initial) Friends Of John Barrasso  Mailing Address PO Box 52008  City Casper Purpose of Disbursement  Candidate Name Mr. John Barrasso  Office Sought: House X Senate President	State	Zip Code 82605	Category/	Date of Disbursement  M 9 M / D 1 4 Y Y O Y O Y  Amount of Each Disbursement this Period
	State: CA District: 22  Full Name (Last, First, Middle Initial) Friends Of John Barrasso  Mailing Address PO Box 52008  City Casper Purpose of Disbursement  Candidate Name Mr. John Barrasso  Office Sought: House Disburs	State WY sement For:	Zip Code 82605	Category/	Date of Disbursement  M 9 M / D 1 4 Y Y 2 0 1 0 Y  Amount of Each Disbursement this Period

	CHEDULE B (I		-	Use sepa	arate schedule(s)		R LINE	NUMBE	R:		PAGE	99 / 1	121
ΙT	EMIZED DISB	URSEMEN	TS		category of the ´ Summary Page	<u> </u>	21b [ 27	22 28a	X 23		24 28c	25 29	
	y Information copied from for commercial purpose												5
$\rangle$	NAME OF COMMITT UnitedHealth Grou	TEE (In Full)											
	Full Name (Last, First Dawg PAC	t, Middle Initial)								ID: 32		5	
	Mailing Address (	3422 Porter Str	eet, NW					0 9	M /	14	Y	ž o i o	) <sup>Y</sup>
	City Washington			State DC	Zip Code 20016			Amou	int of Ea	ch Disb			
	Purpose of Disburser	nent				011					2	500.00	
	Candidate Name Dawg PAC					atego Type	ry/						
	Office Sought:	House Senate President	Disburse	nent For: Primary Other (spe	General <b>▼</b>								
	State: Dis	strict: t, Middle Initial)						Trans	action	I <b>D</b> : 32	27680	 7	
	Adler For Congres	S						Date	of Disbu	rsement	t		
	Mailing Address	14 Knightswood	d Drive					0 9	M /	14	Y	ž o ť o	) \
	City Marlton			State NJ	Zip Code 08053			Amou	int of Ea	ch Disb	urseme	nt this F	Perio
	Purpose of Disburser	nent				011		L.			3(	00.00	
	Candidate Name Rep. John Adler					atego Type	ry/						
		House Senate President strict: 03	Disburser	ment For: Primary Other (spe	2010 X General ecify) ▼								
	Full Name (Last, First Upton For All Of U	t, Middle Initial)						Date		ID: 32		0	
	Mailing Address	P.O. Box 490						0 <sup>M</sup> 9	M /	14	Y	ž o i o	) <sup>Y</sup>
	City St. Joseph			State MI	Zip Code 49085			Amou	int of Ea	ch Disb	urseme	nt this F	Perio
	Purpose of Disburser	nent				011		L.			2	500.00	
	Candidate Name Rep. Frederick Up	ton				atego Type	ry/						
		House Senate President	Disburser	ment For: Primary Other (spe	2010 X General ecify) ▼								
_	State: MI Dis	strict: 06						_					
		ements This Page									0.0	00.00	)

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 121 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (I	· ·	
Full Name (Last, First, Middle Initial) Hoosiers For Rokita		Transaction ID: 32276818  Date of Disbursement
Mailing Address 7643 East U.S. 36		0 9 M / D 1 4 Y 2 0 1 0 Y
City Avon	State Zip Code IN 46123	Amount of Each Disbursement this Perior
Purpose of Disbursement		011
Candidate Name Mr. Theodore Rokita		tegory/ Type
Senate President	sement For: 2010  C Primary General  Other (specify)	
State: IN District: 04  Full Name (Last, First, Middle Initial)  ERICPAC		Transaction ID: 32307396 Date of Disbursement
Mailing Address 25 East Main Street, S	ite 200	$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D \\ 1 \end{smallmatrix} \begin{smallmatrix} 7 \end{smallmatrix} \Big] \ / \ \begin{bmatrix} Y \\ 2 \end{smallmatrix} \begin{smallmatrix} Y \\ 0 \end{smallmatrix} \begin{smallmatrix} Y \\ 0 \end{smallmatrix} \Big]$
City Richmond	State Zip Code VA 23219	Amount of Each Disbursement this Perio
Purpose of Disbursement		2000.00
Candidate Name ERICPAC	l l	tegory/ Type
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Portman For Senate Committee		Transaction ID: 32309237 Date of Disbursement
Mailing Address 8331 Little Harbor Driv	•	099 / 177 / 2010
City Cincinnati	State Zip Code OH 45244	Amount of Each Disbursement this Perio
Purpose of Disbursement		5000.00
Candidate Name Mr. Rob Portman	Ca	tegory/ Type
X Senate President	ement For: 2010 Primary X General Other (specify) ▼	
State: OH District:		
		▶ 8000.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	s)		eck only	NUMBE	H:		L	PAGE	101	/ 121
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\underline{H}}$	21b 27	22 28a		23 28b	24	Bc _	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the national states.											S
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U	Inited for Health)										
<u>′</u>	Full Name (Last, First, Middle Initial) Manchin For West Virginia					Date		burse			-	V
	Mailing Address PO Box 5202					0 9		1	7 /	2	ž o i (	)
	City Charleston	State Zip Code WV 25361				Amou	int of	Each	Disbu		nt this f	
	Purpose of Disbursement			011			•			50	00.00	)
	Candidate Name Mr. Joe Manchin			ateg Type	- 1							
	χ Senate President	sement For: 2010 Primary X General Other (specify)										
	State: WV District: Full Name (Last, First, Middle Initial)										-	
	Dan Boren for U.S. Congress					Date						V
	Mailing Address P.O. Box 149					0 9	IVI /	້2	1 /	. 2	ž o ž o	נ ט
	City Okemah	State Zip Code OK 74859				Amou	int of	Each	Disbu	rseme	nt this f	Perio
	Purpose of Disbursement			011						1(	00.00	)
	Candidate Name Dan Boren			ateg Type	-							
	Office Sought:  X House Senate President  State: OK District: 28	sement For: 2010 Primary X General Other (specify) ▼	•									
	Full Name (Last, First, Middle Initial) Bright For Congress					<b>Trans</b> Date		burse	ment	1586	9	
	Mailing Address P.O.Box 2106					0 9	M /	<sup>D</sup> 2	1 /	Y 2	žožo	) Y
	City Montgomery	State Zip Code AL 36102				Amou	int of	Each	Disbu	rseme	nt this f	Perio
	Purpose of Disbursement			011		L.				2	500.00	)
	Candidate Name Mr. Bobby Bright		C	ateg	ory/							
	Senate President	sement For: 2010 Primary X General Other (specify) ▼	1									
	State: AL District: 02											

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER:		PA	GE	102 /	121
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar		any person f	or the purpos	se of so	liciting co		utions	
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated PAC (U	nited for Health)							
Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc			Transacti Date of D	isburse	ment	977		
Mailing Address PO Box 29103			0 9	2	1 / Y	ž	o i c	Y
City Greensboro	State Zip Code NC 27429		Amount o	f Each	Disburse	ment	this F	Period
Purpose of Disbursement	Г	011				250	0.00	
Candidate Name Kay Hagan		Category/ Type						
X Senate President	ement For: 2014 Primary General Other (specify)							
State: NC District:								
Full Name (Last, First, Middle Initial) Prosperity PAC			Transacti Date of Di	isburse	ment	407		
Mailing Address 429 North Saint Asaph			0 9	<sup>D</sup> 2	<sup>D</sup> / Y	ž	0 1 C	) <sup>Y</sup>
City Alexandria	State Zip Code VA 22314		Amount o	f Each	Disburse			
Purpose of Disbursement	Γ	011				100	0.00	
Candidate Name Prosperity PAC	C	Category/ Type						
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Walden for Congress			Transacti Date of Di	isburse	ment			
Mailing Address PO Box 1091			0 9	2	<sup>D</sup> / L	ž	οťα	) \
City Hood River	State Zip Code OR 97031		Amount o	f Each	Disburse	ment	this F	Period
Purpose of Disbursement		011				100	00.00	
Candidate Name Greg Walden		Category/ Type						
Senate President	ement For: 2010 Primary X General Other (specify) ▼							
State: OR District: 02								
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>				450	0.00	

TOTAL This Period (last page this line number only) ......

C.

SCHEDULE B (FEC Form 3X)		te schedule(s)			OR LIN			R:			PA	AGE	103	/ 121	
ITEMIZED DISBURSEMENTS		tegory of the mmary Page		È	21b 27	Á	22 28a	X	23 28b	F	24 28c		25 29	$\sqcup$	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the name														5	
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorporated PAC (U	nited for Heal	lth)													
Full Name (Last, First, Middle Initial) Heath Shuler for Congress							Trans Date of		sburs	en		435	5		
Mailing Address 38 Ivy Street, SE							0 <sup>M</sup> 9	М	D 2	2 2	2 /	Ž	0 1 (	) <sup>Y</sup>	
City Washington		Zip Code 20004					Amou	nt o	f Each	ı C	Disburse		-		t
Purpose of Disbursement				0	11							30	00.00	)	
Candidate Name Heath Shuler for Congress			Са	ate	egory/ /pe										
Senate President	ement For: Primary Other (specif	2010 X General y) ▼													
State: NC District: 11															
Full Name (Last, First, Middle Initial) Heath Shuler for Congress							Trans Date of				32319 nent	468	3		
Mailing Address 38 Ivy Street, SE							0 <sup>M</sup> 9	М	D 2	2 3	3 /	Ź	010	) <sup>Y</sup>	
City Washington		Zip Code 20004					Amou	nt o	f Each	ı C	Disburse	-	-		d
Purpose of Disbursement Void - Heath Schuler for Congress				Ó	11		L.	0				-30	00.00	)	
Candidate Name Heath Shuler for Congress					egory/ vpe										
Senate President	ement For: Primary Other (specif	2010 X General y) ▼					Void - Congi			Sc	huler f	or			
State: NC District: 11															
Full Name (Last, First, Middle Initial) Heath Shuler for Congress							Date	of D	sburs	en					
Mailing Address 38 Ivy Street, SE							0 <sup>M</sup> 9	М	D 2	2 3	3 / [	Ž	0 1 (	) <sup>Y</sup>	
City Washington		Zip Code 20004					Amou	nt o	f Each	ı C	Disburse	mer	t this I	Period	t
Purpose of Disbursement				0	11		L.	-	-			30	00.00	)	
Candidate Name Heath Shuler for Congress					egory/ /pe										
Office Sought:  X House Senate President  Disburs	ement For: Primary Other (specif	2010 X General			_										
State: NC District: 11	(-1	<i>-,</i> ▼													
SUBTOTAL of Disbursements This Page (optional)						1						30	00.00	)	

TOTAL This Period (last page this line number only) .....

ITE		-		Use sepa	arate schedule(s)		NUMBER: PAGE 104 / 121
	MIZED DIS	SBURSEMEN			category of the Summary Page	(check onl	22 X 23 24 25 2 28a 28b 28c 29
							for the purpose of soliciting contributions plicit contributions from such committee
\	AME OF COMM InitedHealth G	MITTEE (In Full) Group Incorporated	J PAC (Unite	ed for He	ealth)		
	ull Name (Last, I	First, Middle Initial)					Transaction ID: 32319526 Date of Disbursement
M	lailing Address	PO Box 368					0 9 M / 2 3 / Y 2 0 1 0 Y
	ity alls Church		Sta V	ate A	Zip Code 22040		Amount of Each Disbursement this Period
	urpose of Disbu	rsement				011	1500.00
_	office Sought:	House	Disburseme	ont For:		Category/ Type	
		Senate President	P	Primary Other (spe	General ecify) ▼		
	tate: ull Name (Last, I	District: First, Middle Initial)	<u> </u>				Transaction ID: 32319528
Fi	riends Of Jas	on Chaffetz					Date of Disbursement
M	lailing Address	315 Westfield (	Circle				09 09 7 23 7 2010
	ity Ilpine		Sta U		Zip Code 84004		Amount of Each Disbursement this Perio
Pı	urpose of Disbu	rsement				011	1000.00
$\overline{}$	andidate Name	offotz				Category/ Type	
	lep. Jason Ch	aneiz					
R O	office Sought:	X House Senate President		ent For: Primary Other (spe	2010 X General ecify) ▼		
R O St	office Sought:	X House Senate	P	rimary	X General		Transaction ID: 32319542
Si Fu	office Sought: tate: UT ull Name (Last, I	X House Senate President District: 03  First, Middle Initial)	P	rimary	X General		Transaction ID: 32319542 Date of Disbursement
Si Fi Lo	office Sought:  tate: UT  ull Name (Last, Ione Star Leac	X House Senate President District: 03  First, Middle Initial)	n Avenue	Primary Other (spe	X General ecify) ▼		Date of Disbursement  O 9
Si Fu Lu	tate: UT ull Name (Last, I one Star Leac lailing Address	X House Senate President District: 03  First, Middle Initial) dership PAC  7315 Wisconsin Suite 310 East	C	Primary Other (spe	X General		Date of Disbursement  M 9 M / D 2 3 / Y 2 0 1 0 Y  Amount of Each Disbursement this Perio
Si Fi Lo	tate: UT ull Name (Last, I one Star Leac lailing Address ity eethesda urpose of Disbu	X House Senate President District: 03  First, Middle Initial) dership PAC  7315 Wisconsin Suite 310 East	n Avenue	Primary Other (spe	X General ecify) ▼  Zip Code	011 Cotogony/	Date of Disbursement  O 9
Si Fu Lu Ci	tate: UT ull Name (Last, I one Star Leac lailing Address ity ethesda urpose of Disbu andidate Name one Star Leac	X House Senate President District: 03 First, Middle Initial) dership PAC 7315 Wisconsin Suite 310 East	n Avenue Sta	Primary Other (spe	X General ecify) ▼  Zip Code	011 Category/ Type	Date of Disbursement  M 9 M / D 2 3 / Y 2 0 1 0 Y  Amount of Each Disbursement this Period
Si Fit Lu Gi	tate: UT ull Name (Last, I one Star Leac lailing Address lity lethesda urpose of Disbu	X House Senate President District: 03  First, Middle Initial) dership PAC  7315 Wisconsin Suite 310 East	n Avenue  Sta M	Primary Other (spe	X General ecify)   Zip Code 30814	Category/	Date of Disbursement  M M M / D 2 3 / Y 2 0 1 0 Y  Amount of Each Disbursement this Period

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR L (check			R:			PA	GE	105	/ 121
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21k	_	22 28a	Х	23 28b		24 28c	Н	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name											s
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporated PAC (U	nited for Health)										
Full Name (Last, First, Middle Initial) Roskam for Congress Committee				Trans Date		isburs	eme	32319 ent	557		
Mailing Address 5006 Washington Ave.				0 9	М	/ D 2	23	/ Y	ž	0 Ť	o <sup>Y</sup>
City Downers Grove	State Zip Code IL 60515			Amou	ınt o	f Each	n Dis	sburse	men	t this	Period
Purpose of Disbursement		011	1		_	_			10	00.00	)
Candidate Name Peter Roskam	L	Category/	1								
Senate President	ement For: 2010 Primary X General Other (specify)										
State: IL District: 00											
Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010				Date	of D	isburs	eme	32319 ent			_
Mailing Address 5915 Eastman Avenue Suite 100				0 9	М	/ D2	23	/ Y	ž	0 Ť	o <sup>Y</sup>
City Midland	State Zip Code MI 48640			Amou	ınt o	f Each	n Dis	sburse			
Purpose of Disbursement		011	1	L.			0		10	00.00	)
Candidate Name Rep. David Lee Camp		Category/ Type									
Office Sought: X House Disburs Senate President	ement For: 2010 Primary X General Other (specify)										
State: MI District: 04	• • • • • • • • • • • • • • • • • • •										
Full Name (Last, First, Middle Initial)				Trans	acti	on ID	: 3	32320	667		
Bass Victory Committee				Date	of D			ent			
Mailing Address PO Box 3451				0 <sup>M</sup> 9	М	<sup>D</sup> 2	2 3	/ Y	ž	0 1 (	o <sup>Y</sup>
City Concord	State Zip Code NH 03302			Amou	ınt o	f Each	n Dis	sburse	men	t this	Period
Purpose of Disbursement		011	1	L.					10	00.00	)
Candidate Name Charles Bass	,	Category/ Type	1								
Senate President	ement For: 2010 Primary X General Other (specify)										
State: NH District: 02											
SUBTOTAL of Disbursements This Page (optional)			<u> </u>						300	0.00	)

TOTAL This Period (last page this line number only) ......

ITEMI		3 (FEC Form	-	Use sepa	arate schedule(s)		INE NUN		Ŀ	PAGE 106	-
	IZED DI	SBURSEMEN	ITS		category of the Summary Page	21 27		´ —		25 29	
		ed from such Reports rposes, other than us									S
l <b>\</b>		MITTEE (In Full) Group Incorporated	d PAC (Unit	ed for H	ealth)						
		First, Middle Initial) r Congress Comm	nittee				<b>I</b>	ansaction ate of Disbu	ID: 3232 ursement	0668	
Mailir	ng Address	P.O. Box A						) 9 /	<sup>D</sup> 2 3 /	y žoj	O Y
City Harr	risonville			tate 10	Zip Code 64701		Aı	mount of Ea	ach Disburs	ement this	
	ose of Disbu	ırsement				011	]			1000.00	)
Rep.	didate Name . Ike Skelto		T Bishaman		0040	Category/ Type					
	e Sought:	X House Senate President		ent For: Primary Other (spe	2010 X General ecify) ▼						
Full N	Name (Last,	District: 04 First, Middle Initial) ourn For Congress	Inc.					ansaction ate of Disbu	ID: 3232 ursement	0669	
Mailir	ng Address	PO Box 68218	5					9 /	<sup>D</sup> 23 <sup>D</sup>	<sup>Y</sup> 201	O Y
City Fran	nklin			ate N	Zip Code 37068		Aı	mount of Ea	ach Disburs	ement this	Period
	ose of Disbu	ırsement					7 L			1000.00	)
						011					
Cand	didate Name . Marsha E					011 Category/ Type					
Cand Rep.	didate Name . Marsha E e Sought:	Blackburn  X House Senate President		ent For: Primary Other (spe	2010 X General ecify) ▼	Category/					
Cand Rep. Office State	didate Name . Marsha E .e Sought: .e: TN Name (Last,	Blackburn  X House Senate		Primary	X General	Category/	Tr	ate of Disbu		0670	
Cand Rep. Office State Full N	didate Name . Marsha E .e Sought: .e: TN Name (Last,	Blackburn  X House Senate President District: 07  First, Middle Initial)		Primary	X General	Category/	Tr	ansaction ate of Disbu	ID: 3232 ursement	0670 Y 2 0 1	o <sup>×</sup>
Cand Rep. Office State Full N	didate Name . Marsha E .e Sought: .e: TN .Name (Last, .ly Herger F	Blackburn  X House Senate President District: 07  First, Middle Initial) For Congress Com	nmittee	Primary	X General	Category/	Tr	ate of Disbu	ursement 2 3	Y 2 0 1 (sement this	Perio
Cand Rep. Office State Full N Wall Mailir City Willo Purpo	didate Name . Marsha E . Page Sought:  . TN  Name (Last, Iy Herger F  ng Address  ows  ose of Disbu	Blackburn  X House Senate President District: 07  First, Middle Initial) For Congress Com PO Box 1007	nmittee	Primary Other (spe	X General ecify) ▼  Zip Code	Category/ Type	Tr D.	ate of Disbu	ursement 2 3	Ý ŽOÌ	Perio
Cand Rep. Office State Full N Wall Mailir City Willo Purpo Cand Rep.	didate Name . Marsha E . Marsha E . E Sought:  E: TN  Name (Last, ly Herger F . Maddress  Ows . Ows . didate Name . Wally He	Blackburn  X House Senate President District: 07  First, Middle Initial) For Congress Com PO Box 1007  ursement	nmittee Si C	Primary Other (spe	X General ecify) ▼  Zip Code 95988	Category/ Type	Tr D.	ate of Disbu	ursement 2 3	Y 2 0 1 (sement this	Period
Cand Rep. Office State Full N Wall Mailir City Willc Purpo Cand Rep. Office	didate Name . Marsha E .e Sought:  e: TN  Name (Last, ly Herger F  ng Address  ows  ose of Disbu	Blackburn  X House Senate President District: 07  First, Middle Initial) For Congress Com PO Box 1007	Disbursem	Primary Other (spe	X General ecify)   Zip Code 95988  2010  X General	Category/ Type  011 Category/	Tr D.	ate of Disbu	ursement 2 3	Y 2 0 1 (sement this	Period

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  United Health Group Incorporated PAC (United for Health)  Full Name (Last, First, Middle Initial)  Kline For Congress  Mailing Address 101 W Burnsville Pkwy Suite 104  Suite 104  City Burnsville  MN 55337  Purpose of Disbursement  Candidate Name President  State: MN District: 02  Full Name (Last, First, Middle Initial)  Cathy Memorris Rodgers For Congress  Mailing Address Box 137  City State Zip Code WA 99210  Purpose of Disbursement  Candidate Name Rep. Cathy McMorris Rodgers  Office Sought: X House Spokane WA 99210  Purpose of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Disb	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)   (check o	IE NUMBER: PAGE 107 / 121
NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC (United for Health)  Full Name (Last, First, Middle Initial)  Candidate Name  Purpose of Disbursement  Category'  Type  Other (specify) ▼  Amount of Each Disbursement this Peri  Category'  Type  Other (specify) ▼  Amount of Each Disbursement this Peri  Category'  Type  Other (specify) ▼  Amount of Each Disbursement this Peri  Category'  Type  Other (specify) ▼  Category'  Type		Detailed Summary Page 21b 27	22 X 23 24 25 28a 28b 28c 29
Mailing Address   101 W Burnsville Pkwy Suite 104   Suite 104	r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any political committee to	
Suite 104 City State Zip Code Burnsville MN S5337  Purpose of Disbursement Candidate Name Mr. John Kline Office Sought: X House President State: MN District: 02  Full Name (Last, First, Middle Initial) Cathy Mcmorris Rodgers Office Sought: X House President State: WA District: 05  Full Name (Last, First, Middle Initial) Cathy Mcmorris Rodgers Office Sought: X House President State: WA District: 05  Full Name (Last, First, Middle Initial) Candidate Name Rep. Cathy McMorris Rodgers Office Sought: X House President Senate President State: WA District: 05  Full Name (Last, First, Middle Initial) Volunteers For Shimkus  Mailing Address PO Box 5458  City Springfield  City State Zip Code Senate President State: WA District: 05  Full Name (Last, First, Middle Initial) Volunteers For Shimkus  Mailing Address PO Box 5458  City State Zip Code Springfield  L 62705  City State Zip Code Springfield  City State Zip Code Spri	Kline For Congress	Suite 104	Date of Disbursement
Purpose of Disbursement  Candidate Name Mr. John Kline  Office Sought: X House Senate President State: MN District: 02  Full Name (Last, First, Middle Initial) Cathy Mcmorris Rodgers For Congress  Mailing Address Box 137  City Spokane WA 99210  Purpose of Disbursement  Candidate Name Rep. Cathy McMorris Rodgers  Office Sought: X House President WA 99210  Purpose of Disbursement  Candidate Name Rep. Cathy McMorris Rodgers  Office Sought: X House WA 99210  Primary X General Other (specify) ▼  Transaction ID: 32321043  Date of Disbursement  O 11  Category/ Type  Other (specify) ▼  Transaction ID: 32321040  Disbursement This Peri Category/ Type  Transaction ID: 32321040  Disbursement This Peri Category/ Type  Other (specify) ▼  Transaction ID: 32321044  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  O 9 M / 0 2 M / 2 0 1 0 Y  Date of Disbursement  Other (specify) ▼  Transaction ID: 32321044  Date of Disbursement  O 9 M / 0 2 M / 2 0 1 0 Y  Date of Disbursement  O 9 M / 0 2 M / 2 0 1	Suite 104		Amount of Each Disbursement this Perio
Candidate Name Mr. John Kline  Office Sought:		MN 55337	1000.00
Senate Primary	Candidate Name Mr. John Kline	Category/ Type	
Cathy Mcmorris Rodgers For Congress  Mailing Address Box 137  City State Zip Code Spokane WA 99210  Purpose of Disbursement  Candidate Name Rep. Cathy McMorris Rodgers  Office Sought: X House Primary X General Primary X General Disbursement  Full Name (Last, First, Middle Initial)  Volunteers For Shimkus  City State Zip Code Disbursement  City Springfield IL 62705  Purpose of Disbursement  Candidate Name Rep. John M. Shimkus  Office Sought: X House Disbursement For: 2010  State Zip Code Disbursement  Office Sought: State Zip Code Disbursement  Office Sought: Name Rep. John M. Shimkus  Office Sought: X House Disbursement  Other (specify) ▼  Amount of Each Disbursement this Period Amount of Each Disbursement Tor: 2010  Amount of Each Disbursement Tor: 2010  Cardidate Name Rep. John M. Shimkus  Office Sought: X House Senate Primary X General Other (specify) ▼  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼	Senate President	Primary X General	
Spokane Purpose of Disbursement  Candidate Name Rep. Cathy McMorris Rodgers  Office Sought:	Cathy Mcmorris Rodgers For Congress		Date of Disbursement
Purpose of Disbursement  Candidate Name Rep. Cathy McMorris Rodgers  Office Sought:			Amount of Each Disbursement this Perio
Candidate Name Rep. Cathy McMorris Rodgers  Office Sought:	<del>'</del>		1000.00
Office Sought:		Category/	
Volunteers For Shimkus  Mailing Address PO Box 5458  City State Zip Code Springfield IL 62705  Purpose of Disbursement  Candidate Name Rep. John M. Shimkus  Office Sought: X House Senate Primary X General Other (specify) ▼  Name Amount of Each Disbursement this Period No. 1000.00  Amount of Each Disbursement this Period No. 1000.00	Senate President	sement For: 2010 Primary X General	
City State Zip Code Springfield IL 62705  Purpose of Disbursement  Candidate Name Rep. John M. Shimkus  Office Sought: X House Senate President  Disbursement For: 2010 Senate Primary X General Other (specify) ▼	, , , , , , , , , , , , , , , , , , , ,		Date of Disbursement
Springfield IL 62705  Purpose of Disbursement  Candidate Name Rep. John M. Shimkus  Office Sought: X House Senate Primary X General President  President  Other (specify) ▼	Mailing Address PO Box 5458		
Candidate Name Rep. John M. Shimkus  Office Sought:  X House Senate Primary President  O11  Category/ Type  Other (specify)			Amount of Each Disbursement this Perio
Candidate Name Rep. John M. Shimkus  Office Sought:  X House Senate President  Disbursement For: 2010 Primary X General Other (specify)  Other (specify)	Purpose of Disbursement	011	1000.00
Office Sought:  X House Senate Primary President  Disbursement For: 2010 Primary X General Other (specify) ▼		Category/	
State. IL DISTING. 19	Senate President	sement For: 2010 Primary X General	
SURTOTAL of Dishursements This Page (ontional)	Giaic. IL DISTINCT. 13		

CHEDULE B (FEC FOIIII 3X)	Use separate			R LINE eck only	NUMBE v one)		PAGE 108/1			
TEMIZED DISBURSEMENTS	for each cate Detailed Sum	mary Page		21b 27	22 28a	X 23 28b		c 🗆	25 29	
ny Information copied from such Reports and State r for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U	me and address of	any political cor								
Full Name (Last, First, Middle Initial) Pioneer PAC  Mailing Address 1212 North Vernon St.					Date	of Disbu	D: 3232 rsement		0 1 0	Y
City Arlington		o Code 2201			Amou	nt of Ea	ch Disbur	sement	this Pe	erio
Purpose of Disbursement  Candidate Name			01 <sup>-</sup> Categ	ory/				100	00.00	
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (specify)	General	ТУР	<del>3</del>						
Full Name (Last, First, Middle Initial) Ben Chandler For Congress  Mailing Address P. O. Box 12678					Date	of Disbu	<b>D</b> : 3232 rsement 2 4		0 1 0	Y
City Lexington		Code 0508			Amou	nt of Ea	ch Disbur	sement	this Pe	eric
Purpose of Disbursement  Candidate Name Rep. Benjamin Chandler			01 <sup>-</sup> Categ	ory/	L.			100	00.00	
Office Sought:  X House Senate President State: KY District: 06	sement For: Primary Other (specify)	2010 X General								
Full Name (Last, First, Middle Initial) Lincoln Davis For Congress					Date of	of Disbu	D: 323			V
Mailing Address PO Box 350					0 9	M / [	24	y y	0 1 0	
City Jamestown		Code 3556			Amou	nt of Ea	ch Disbur			erio
Purpose of Disbursement  Candidate Name  Rep. Lincoln Davis			01 <sup>-</sup> Categ	ory/		0 0		ÎŪ	00.00	
Office Sought:    X   House   Disbur     Senate   President     State: TN   District: 04	sement For: Primary Other (specify)	2010 X General	21.							
										_

TEMIZED DICE	FEC Form 3	y Use se	eparate schedule(s	FOR LINE (check on	NUMBER: PAGE 109 / 121
I EINILED DISE	BURSEMENT	for eac Detaile	ch category of the ed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
					for the purpose of soliciting contributions olicit contributions from such committee
NAME OF COMMIT UnitedHealth Grou	TEE (In Full)				
Full Name (Last, Firs Friends Of Kelly A					Transaction ID: 32321548 Date of Disbursement
Mailing Address	PO Box 233				09 / 24 / 2010
City Nashua		State NH	Zip Code 03061		Amount of Each Disbursement this Perio
Purpose of Disburse	ment			011	5000.00
Candidate Name Kelly Ayotte				Category/ Type	
	House Senate President	Disbursement For Primary Other (s			
State: NH Di	strict:				Transaction ID: 00001554
Dan Coats For Inc					Transaction ID: 32321554 Date of Disbursement
Mailing Address	PO Box 301141				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Indianapolis		State IN	Zip Code 46230		Amount of Each Disbursement this Perio
Purpose of Disburse	ment			011	5000.00
Candidate Name Mr. Daniel Coats				Category/ Type	
Office Sought:	House Senate President	Disbursement For Primary Other (s			
	strict:				
Full Name (Last, Firs Bass Victory Com					Transaction ID: 32335089 Date of Disbursement
	PO Box 3451				099 / 28 / 2010
	. O BOX 0 10 1				
		State NH	Zip Code 03302		
Mailing Address  City	ment			011	Amount of Each Disbursement this Perio
Mailing Address  City Concord  Purpose of Disburse	ment			011 Category/ Type	
Mailing Address  City Concord  Purpose of Disburse Void - Bass Victory 'S Candidate Name Charles Bass  Office Sought:	ment	NH  Disbursement For Primary	03302	Category/	Amount of Each Disbursement this Period -1000.00  Void - Bass Victory '96 Committee

TEMIZED DISBUR	C Form 3X) SEMENTS	for each	arate schedule(s) category of the Summary Page		FOR LINE check on 21b	E NUMBE ly one) 22	R: 		GE 110	121
Any Information copied from s	uph Paparts and Statemen		, ,	1 67 02	27	28a	28b	28c	29	
ny information copied from s or for commercial purposes, o										
NAME OF COMMITTEE UnitedHealth Group Ir	` '	ted for He	ealth)							
Full Name (Last, First, Mic Bass Victory Committ	,						action ID: of Disburse		091	
Mailing Address PO I	Box 3451					0 9	<sup>M</sup> / <sup>D</sup> 2	8 / Y	žo i	0 <sup>Y</sup>
City Concord		tate NH	Zip Code 03302			Amou	nt of Each	Disburse		
Purpose of Disbursement				-	11				1000.0	Ü
Candidate Name Charles Bass					egory/ ype					
Pre	nate esident	nent For: Primary Other (spe	2010 X General							
State: NH Distric										
Full Name (Last, First, Mic Mike Ross for Congre	,					Date o	action ID: f Disburse	ment		
Mailing Address 227 Ste	Massachusette Ave N	I.E.				0 9	<sup>D</sup> 2	8 / L	ž o ť	0
City Washington		tate DC	Zip Code 20002			Amou	nt of Each	Disburse	ment this	Perio
Purpose of Disbursement				0	11	<u> </u>			1000.0	0
Candidate Name Michael Avery Ross				Cate	egory/ ype					
Pre	nate esident	nent For: Primary Other (spe	2010 X General ecify) ▼							
State: AR Distric	** * *									
Friends Of Glenn Nye						Date o	action ID: of Disburse	ment		· V
Mailing Address PO I	Box 68444					0 9	ື່	8	ž 0 1	0
City Virginia Beach		tate /A	Zip Code 23471			Amou	nt of Each	Disburse		
Purpose of Disbursement				0	11	] L.			3000.0	0
Candidate Name Mr. Glenn Nye				Cate	egory/ ype					
	nate	nent For: Primary Other (spe	2010 X General							
State: VA Distric		outer (Spe	,ωi(y) <b>Ψ</b>							

ITEMIZED			parate schedule(s)	FOR LINE	
	DISBURSEMENT	<b>S</b> for each	category of the (	(check only 21b 27	7 one)  22
					or the purpose of soliciting contributions licit contributions from such committee
NAME OF CO	DMMITTEE (In Full) th Group Incorporated I				
	ast, First, Middle Initial) hon For Congress				Transaction ID: 32335230 Date of Disbursement
Mailing Addre	ess 66 Arnold Street				$\begin{bmatrix}\begin{smallmatrix}M\\O9\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\D28\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\D20\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}Y\\D20\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}Y\\D20\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}Y\\D20\end{smallmatrix}$
City Staten Islar	nd	State NY	Zip Code 10301		Amount of Each Disbursement this Period
Purpose of Di				011	1000.00
Candidate Na Mr. Michael	McMahon			Category/ Type	
Office Sought State: NY	t: X House Senate President District: 13	Disbursement For: Primary Other (sp	2010 X General ecify) ▼		
Full Name (La Gillibrand F	ast, First, Middle Initial) for Senate				Transaction ID: 32335245 Date of Disbursement
Mailing Addre	ss 313 C Street Ne				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Washingtor	1	State DC	Zip Code 20002		Amount of Each Disbursement this Period
					1000.00
Purpose of Di	sbursement			011	1000.00
Purpose of Di Candidate Na Rep. Kirster	me			011 Category/ Type	
Candidate Na Rep. Kirster Office Sought	me n Gillibrand t: X House Senate President	Disbursement For: Primary Other (sp	2010  X General eccify)	Category/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Candidate Na Rep. Kirster Office Sought State: NY Full Name (La	me n Gillibrand t: X House Senate	Primary Other (sp	X General	Category/	Transaction ID: 32335803 Date of Disbursement
Candidate Na Rep. Kirstel Office Sought State: NY Full Name (La	me n Gillibrand  t: X House	Primary Other (sp	X General	Category/	Transaction ID: 32335803
Candidate Na Rep. Kirster Office Sought State: NY Full Name (La Stephanie H	me n Gillibrand  t: X House	Primary Other (sp	X General	Category/	Transaction ID: 32335803 Date of Disbursement  M 9 M / D B / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
Candidate Na Rep. Kirster Office Sought State: NY Full Name (La Stephanie H Mailing Addre	me n Gillibrand  t: X House Senate President District: 20  ast, First, Middle Initial) Herseth Sandlin For So  ass PO Box 2009	Other (sputh Dakota	X General eccify) ▼  Zip Code	Category/ Type	Transaction ID: 32335803 Date of Disbursement  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Na Rep. Kirster Office Sought State: NY Full Name (La Stephanie H Mailing Addre City Sioux Falls Purpose of Di Candidate Na Rep. Stephanie	me n Gillibrand  t: X House Senate President District: 20  ast, First, Middle Initial) Herseth Sandlin For So  ass PO Box 2009  asbursement  me anie Herseth Sandlin	Other (sp uth Dakota State SD	X General secify)   Zip Code 57101	Category/ Type	Transaction ID: 32335803 Date of Disbursement  M 9 M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Na Rep. Kirster Office Sought  State: NY  Full Name (La Stephanie H  Mailing Addre  City Sioux Falls Purpose of Di  Candidate Na	me n Gillibrand  t: X House Senate President District: 20  ast, First, Middle Initial) Herseth Sandlin For So  ass PO Box 2009  asbursement  me anie Herseth Sandlin	Other (sputh Dakota	X General secify) ▼  Zip Code 57101  2010  X General	Category/ Type  011 Category/	Transaction ID: 32335803 Date of Disbursement  M 9 M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate sched			FOR LIN			R:			PA	AGE	112	/ 12	1
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary I		F	21b 27		22 28a	Х	23 28b	F	24 28c		25 29	F	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan													s	
NAME OF COMMITTEE (In Full)	ic and address of any p	ontiour cor			30110		ibut	10110 111	-	1 30011	301111	TIILLOC		
UnitedHealth Group Incorporated PAC (U	nited for Health)													
Full Name (Last, First, Middle Initial) Big Easy Committee								on ID:		32335 nent	826	3		
Mailing Address 10 G Street, NE Suite 570						0 <sup>M</sup> 9	М	<sup>/</sup> 2	3 2	3 / \	Ź	01	) <sup>Y</sup>	
City Washington	State Zip Code DC 20002	e				Amou	int o	f Each	ı D	isburse	emer	nt this	Perio	od
Purpose of Disbursement			_	-				_			25	00.00	)	
Candidate Name			Cat	egory/ ype										
Senate President	ement For: Primary Gel Other (specify)	neral												
State: District: Full Name (Last, First, Middle Initial)										00040				
JOE PAC						Date		isburs	em				Y	
Mailing Address 84-56 Grand Avenue Elmhurst						0 <sup>M</sup> 9		´ [ 3	3 C		2	0 1 (	) <u> </u>	
City New York	State Zip Code NY 11373	e				Amou	int o	f Each	D	isburse	-			od
Purpose of Disbursement			(	)11			-	_			10	00.00	)	
Candidate Name			Cat	egory/ ype										
Office Sought:  Senate  President  State:  Disburs	ement For: Primary Ge Other (specify)	neral												
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:		32376	876	 S		
Yoder For Congress						Date of	of D	isburs	em	nent				
Mailing Address PO Box 26742						0 <sup>M</sup> 9	М	<sup>/</sup> 3	3 6		2	0 1	) Y	
City Overland Park	State Zip Code KS 66225	)				Amou	int o	f Each	D	isburse	-			od
Purpose of Disbursement				\11			-				10	00.00	)	Ш
Candidate Name Mr. Kevin Yoder			Cat	egory/ ype										
	ement For: 2010 Primary Ge Other (specify)	0 neral												
State: KS District: 03	_ Janes (opcomy) \													
SUBTOTAL of Disbursements This Page (optional)				•						-	45	00.00	)	

TOTAL This Period (last page this line number only) .....

В.

District: 03

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NU	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (L	Inited for Health)		
Full Name (Last, First, Middle Initial) Yoder For Congress			Transaction ID: 32376887 Date of Disbursement
Mailing Address PO Box 26742			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Overland Park	State Zip Code KS 66225	A	Amount of Each Disbursement this Period
Purpose of Disbursement Void - Yoder For Congress		011	-1000.00
Candidate Name Mr. Kevin Yoder		ategory/ Type	
0 70	sement For: 2010  ✓ Primary General  Other (specify) ▼	V	oid - Yoder For Congress
State: KS District: 03			
Full Name (Last, First, Middle Initial) Yoder For Congress			ransaction ID: 32376907 Date of Disbursement
Mailing Address PO Box 26742			09
City Overland Park	State Zip Code KS 66225	A	Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Mr. Kevin Yoder		ategory/ Type	
·	sement For: 2010  ⟨ Primary General  Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	108500.00

State: KS

CHEDULE B (FEC Form 3X)	DISBURSEMENTS Use separate schedule for each category of the						NE NUMBER: PAGE 114 / 121 only one)								
LIMIZED DISBURSEMEN IS		Summary Page		_	21b 27	22 28a		23 28		24 280	; X	25 29			
y Information copied from such Reports and Staten for commercial purposes, other than using the nam													3		
NAME OF COMMITTEE (In Full)								-							
UnitedHealth Group Incorporated PAC (Ur	nited for He	ealth)													
Full Name (Last, First, Middle Initial) Coleman for Ohio (Michael Coleman)						_				3219 ment	6475	;			
									D 2		Y Y	Y	Υ		
Mailing Address 90 West Broad Street						0.8	3	L	2	b	. 2	0 1 0	)		
City Columbus	State OH	Zip Code 43215				Amo	ount o	of Ea	ach [	Disburs					
Purpose of Disbursement				011				-	_	_	10	00.00	)		
Candidate Name			Ca	atego Type	-										
Office Sought: House Disburse Senate	ement For: Primary	General		. , po											
President State: District:	Other (spe	cify) $\blacktriangledown$													
Full Name (Last, First, Middle Initial)						Tran	saci	tion	ID:	3219	6476				
Friends of Armond Budish							of D		urser	ment					
Mailing Address 23240 Chargrin Blvd #45	50					O <sup>M</sup> 8	3 M	′	<sup>D</sup> 2	5 / 5	ž	0 ť (	) <sup>Y</sup>		
City Beachwood	State OH	Zip Code 44122				Amo	ount o	of Ea	ach [	Disburs	emen	t this F	Perio		
Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH				011							10	00.00	)		
Candidate Name OH Rep. Armond Budish			Са	tego Type	•										
· · · · · · · · · · · · · · · · · · ·	ement For: Primary Other (spe	2010 X General		,,,		Arm 8th	ond OH	Bud	dish	, STA	TE H	OUSI	E		
State: OH District: 08															
Full Name (Last, First, Middle Initial) Segal for Michigan										3219 ment	6499	)			
Mailing Address 108 Pinehurst Lane						O <sup>M</sup> 8	3 M	′	<sup>D</sup> 2	<sup>D</sup> /	Ý Ž	0 1 0	) <sup>Y</sup>		
City Battle Creek	State MI	Zip Code 49015				Amo	ount o	of Ea	ach [	Disburs	emen	t this F	Perio		
Purpose of Disbursement Kate Segal, STATE HOUSE 62nd MI	1411	+5010		011							5	00.00	)		
Candidate Name MI Rep. Kate Segal			Ca	orr atego Type											
Office Sought: X House Disburse Senate President	ement For: Primary	2010 X General		<i>,</i> ,		Kate 62nd	Seg MI	gal,	STA	ATE H	OUS	βE			
State: MI District: 62	Other (spe	ony) ♥													
								_			25	00.00	`		
<b>SUBTOTAL</b> of Disbursements This Page (optional)											20	UU.UU	,		

		3 (FEC Form 3X	' Use s	eparate schedule(s)		FOR LIN	E NUMBER: lv one)	PAGE 115/121
		SBURSEMENTS	Detail	ch category of the ed Summary Page		21b 27	22 23 28b 28b	24 25 28c X 29
		ed from such Reports and rposes, other than using t						
\ \ \	NAME OF COM	·			. Com	millee to s	ololi contributions from	i suci i committee
	,	First, Middle Initial) Elect Julie Denton					Transaction ID: Date of Disbursem	
	Mailing Address	1708 Golden Leaf	Way				09 / 07	2 0 1 0 Y
	City Louisville		State KY	Zip Code 40245			Amount of Each D	isbursement this Perio
	Purpose of Disbu Julie Denton, ST	irsement ATE SENATE 36th KY				011		350.00
	Candidate Name Senator Julie I				Ca	ategory/ Type		
	Office Sought:	X Senate President	Primary Other (				Julie Denton, ST 36th KY	ATE SENATE
	,	District:  First, Middle Initial)  ct John Patrick Carne	v				Transaction ID: Date of Disbursem	
	Mailing Address	357 E Torrence Ro					0 9 0 7	
	City Columbus		State OH	Zip Code 43214			Amount of Each D	isbursement this Perio
	Purpose of Disbu	irsement ATE HOUSE 22nd OH		<del>10</del> 214		011		500.00
	Candidate Name OH Rep. John				Ca	itegory/ Type		
	Office Sought: State: OH	X House C Senate President District: 22	Primary Other (				John Carney, ST 22nd OH	TATE HOUSE
	Full Name (Last,	First, Middle Initial) epublican Organizatio	nal Committe	e			Transaction ID: Date of Disbursem	
	Mailing Address	4679 Winterset Dr	ive				09 7	2010
	City Columbus		State OH	Zip Code 43220			Amount of Each D	isbursement this Perio
	Purpose of Disbu	ırsement				011		1750.00
	Candidate Name				Ca	ategory/ Type		
	Office Sought:	House C Senate President	Disbursement Fo				1	
	State:	District:		aρσσιι <b>y) ♥</b>				
_								

CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)				NE NUMBER: PAGE 116 / 121 only one)								
EMIZED DISBURSEMENTS		category of the Summary Page		$\dot{\Box}$	21b 27	22 28a	F	23 28		24 280	; X	25 29		
y Information copied from such Reports and State for commercial purposes, other than using the nar													3	
NAME OF COMMITTEE (In Full)		boo of any pontious				J. 1011 001					-			
UnitedHealth Group Incorporated PAC (U	Inited for H	ealth)												
Full Name (Last, First, Middle Initial) Campaign Fund of Robert Damron						_				3224 ment	0881			
Mailing Address 231 Fairway West						0 8	M	/	<sup>D</sup> 0	8 /	Y	o i c	) <sup>Y</sup>	
City Nicholasville	State KY	Zip Code 40356				Amo	unt (	of Ea	ach [	Disburs	emer	t this F	Perio	
Purpose of Disbursement				v							. 3	50.00	)	
Robert Damron, STATE HOUSE 39th KY			_	011										
Candidate Name Representa Robert Damron				atego Type										
Office Sought:  X House Senate President  Disburs	Primary Other (spe	2010 X General		7,50		Rob 39th	ert [ KY	Dam	iron	, STA	ГЕ Н	OUSI	E	
State: KY District: 39														
Full Name (Last, First, Middle Initial) Citizens for Lehner						_				3224 ment	0883	3		
						М	М	/ [	D .	D /	Y	0 1 C	Y	
Mailing Address 533 Lockerbie Lane						0.9	,	L	0	8	2	010	J	
City	State	Zip Code				Amo	unt	of Ea	ach [	Disburs	emer	t this F	Perio	
Kettering Purpose of Disbursement	ОН	45429									5	00.00	)	
Peggy Lehner, STATE HOUSE 37th OH				011				-			-			
Candidate Name				atego	•									
OH Rep. Peggy Lehner  Office Sought: X House Disburs	sement For:	2010		Туре	)									
Senate President	Primary Other (spe	X General				Pego 37th	y L	ehn 	er, S	STATI	E HC	USE		
State: OH District: 37														
Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth of Texas	Group Inc,	PAC							ursei	3230 ment			V	
Mailing Address 9900 Bren Road East						0 8	) "	Ĺ	1	7	2	010	)	
City Minnetonka	State MN	Zip Code 55343				Amo	unt (	of Ea	ach [	Disburs	emer	t this F	Perio	
Purpose of Disbursement				011	_						290	00.00	)	
Candidate Name			Ca	011 atego Type	ory/									
Office Sought: House Disburs Senate President	Primary Other (spe	General ecify) ▼												
State: District:			_	_			_	_	_		_		_	
•							-		-		200	50.00	`	
<b>UBTOTAL</b> of Disbursements This Page (optional	١				_						/ W/			

ry Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  UnitedHealth Group Incorporated PAC (  Full Name (Last, First, Middle Initial)  UnitedHealth Group Inc Political Action	Detailed tements may r ame and addre	ess of any politica		22 23 24 25 28 28a 28b 28c X 29 for the purpose of soliciting contributions
for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC ( Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action	ame and addre	ess of any politica		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC ( Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action				
Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action	United for H	lealth)		
UnitedHealth Group Inc Political Action		ισαπη		
wa	Committee of	of lo-		Transaction ID: 32308328 Date of Disbursement
Mailing Address 9900 Bren Road East				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Minnetonka	State MN	Zip Code 55343		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	4500.00
Candidate Name			Category/ Type	
Office Sought: House Disbu Senate President	Primary Other (sp	General ecify) ▼		
State: District:				
Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action	Committee o	of lo-		Transaction ID: 32316084 Date of Disbursement
Mailing Address 9900 Bren Road East				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Minnetonka	State MN	Zip Code 55343		Amount of Each Disbursement this Perio
Purpose of Disbursement	IVIIV	33343		3000.00
Candidate Name			011 Category/ Type	
Senate President	rsement For: Primary Other (sp	General ecify)		
State: District:  Full Name (Last, First, Middle Initial)				T .: ID 00000057
United for Health of Texas (UnitedHealth of Texas	n Group Inc,	PAC		Transaction ID: 32320657  Date of Disbursement
Mailing Address 9900 Bren Road East				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 9 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 2 & 3 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & 1 & 0 \\ & & & & & & & & & & & & & & & & & & $
City Minnetonka	State MN	Zip Code 55343		Amount of Each Disbursement this Perio
Purpose of Disbursement Tom Buford, STATE SENATE 22nd KY			011	2000.00
Candidate Name			Category/ Type	
Office Sought: House Disbut Senate President	Primary Other (sp	General ecify) ▼		Tom Buford, STATE SENATE 22nd KY
State: District:		•		
SUBTOTAL of Disbursements This Page (options	al)		•	9500.00

# SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)	DR LINE NUMBER:  heck only one)  PAGE 118 / 121
ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b
or f	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (Ur	e and address of any political commit	
	Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth of Texas  Mailing Address 9900 Bren Road East	aroup Inc, PAC	Transaction ID: 32320658  Date of Disbursement  M 9 M / D 2 3 / Y 2 0 1 0 Y
	City Minnetonka Purpose of Disbursement Void - United for Health of Texas (UnitedHealth G	State Zip Code MN 55343  oup Inc, PAC of Texas  O1 Category	
	Office Sought:    House   Disburse   Senate   President     State: District:	Typement For: Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth Cof Texas Mailing Address 9900 Bren Road East	aroup Inc, PAC	Transaction ID: 32320659 Date of Disbursement  M 9 M / D 2 3 / Y 2 0 1 0 Y
	City Minnetonka Purpose of Disbursement  Candidate Name	State Zip Code MN 55343	gory/
	Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)	ement For: Primary General Other (specify)	
	Kentucky Senate Republican Caucus  Mailing Address PO Box 1068		Transaction ID: 32320662 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Frankfort Purpose of Disbursement Candidate Name	State Zip Code KY 40602	gory/
	Office Sought:    House   Disburse   Senate   President     State: District:	ment For: Primary General Other (specify) ▼	pe
	UBTOTAL of Disbursements This Page (optional)		2400.00

FE6AN026

	CHEDULE B (FEC Form 3X)	Use separate	schedule(s)		_		NE NUMBER: PAGE 119 /										
IT	EMIZED DISBURSEMENTS	for each categ Detailed Sumr				21b 27		22 28a		23 28b		24 28		25 29		] 2	
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam														s		
K	NAME OF COMMITTEE (In Full)	c and address of	arry political c	7011		.00 10 3	Onc	TI COITE	ibuti	0113 1	101	11 300	COIII	TILLOC			
$ \rangle$	UnitedHealth Group Incorporated PAC (UnitedHealth Group Incorporated PAC (UnitedHealt	nited for Health	)														
	Full Name (Last, First, Middle Initial) Keep State Representative Jeff Greer							Trans Date of					2066	1			
	Mailing Address 2125 Hwy 79							0 <sup>M</sup> 9	М	/ D	2 3	3 /	Y	2 0 1	0 <sup>Y</sup>		
	City Brandenburg		Code 108					Amou	nt o	f Eac	h C	isbur	semer	nt this	Perio	od	
	Purpose of Disbursement Jeff Greer, STATE HOUSE 27th KY				01	1		<u></u>	-			_	10	00.00	)	_	
	Candidate Name KY Rep. Jeff Greer				ateg Typ	ory/ e											
	Office Sought: X House Disburs Senate President	ement For: Primary Other (specify)	2010 X General ▼					Jeff G 27th k	ree (Y	r, Sī	ΓA	TE H	ous	E			
_	State: KY District: 27						L									_	
	Full Name (Last, First, Middle Initial) Friends of Linda Bolon							Trans Date of	of D	sburs	sen	nent					
	Mailing Address 43 Pueblo Lane							0 <sup>M</sup> 9	М	/ D	2 4	1 /	Y 2	2 0 1 (	0 <sup>Y</sup>		
	City Columbiana		Code 408					Amou	nt o	f Eac	h C	isbur				oc	
	Purpose of Disbursement Linda Bolon, STATE HOUSE 1st OH				01 <sup>-</sup>							_	2	250.00	)	_	
	Candidate Name OH Rep. Linda Bolon				ateg Typ	ory/ e											
	Senate President	ement For: Primary Other (specify)	2010 X General ▼					Linda 1st Ol	Bo H	lon, :	ST	ATE	HOL	SE			
_	State: OH District: 01  Full Name (Last, First, Middle Initial)							Trans	ooti	on IF	٠.	202	2111	7		_	
	Gregory D. Stumbo for the House							Date o	of D	sburs	ser	nent					
	Mailing Address PO Box 1473							0 <sup>M</sup> 9	М	/ D	2 4	1 /	Y 2	0 1 (	0 Y		
	City Prestonburg		Code 653					Amou	nt o	f Eac	h C	isbur		-		O	
	Purpose of Disbursement Greg Stumbo, STATE HOUSE 95th KY				01 <sup>-</sup>	1		L.	0			-	10	0.00	)	_	
	Candidate Name KY Rep. Greg Stumbo				ateg Typ												
	Office Sought: X House Disburs Senate President	ement For: Primary Other (specify)	2010 X General					Greg 95th k	Stu (Y	mbo	, S	TAT	E HC	USE			
_	State: KY District: 95															_	
1	SUBTOTAL of Disbursements This Page (optional)									-		-	- 00	50.00	<u> </u>	_	

IT			parate schedule(s)	FOR LINI	
_	EMIZED DISBURSEMENT	for each Detailed	h category of the did summary Page	(check on 21b 27	22
	y Information copied from such Reports ar or commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F				
<b>/</b>	Full Name (Last, First, Middle Initial) Aiming Higher PAC				Transaction ID: 32335829 Date of Disbursement
	Mailing Address 47 South Meridia 2nd Floor	n Street			09 / 28 / 2010
	City Indianapolis	State IN	Zip Code 46205		Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name			011	5000.00
	Office Sought: House	Disbursement For:		Category/ Type	
	Senate President	Primary	General pecify) ▼		
	State: District:  Full Name (Last, First, Middle Initial)  Matt Lehman for State Representative				Transaction ID: 32335833 Date of Disbursement
	Mailing Address 663 Lehman				09
	City				
	City Berne	State IN	Zip Code 46711		Amount of Each Disbursement this Perio
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th	IN		011	Amount of Each Disbursement this Perio
	Berne Purpose of Disbursement	IN		011 Category/ Type	
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th Candidate Name IN Rep. Matthew Lehman Office Sought:  X House Senate President	IN  N  Disbursement For: Primary	46711	Category/	
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th Candidate Name IN Rep. Matthew Lehman Office Sought:  X House Senate	IN  N  Disbursement For: Primary	2010 X General	Category/	Matthew Lehman, STATE HOU-SE 79th IN  Transaction ID: 32335835 Date of Disbursement
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th I Candidate Name IN Rep. Matthew Lehman  Office Sought: X House Senate President State: IN District: 79  Full Name (Last, First, Middle Initial)	IN  N  Disbursement For: Primary	2010 X General	Category/	Matthew Lehman, STATE HOU-SE 79th IN  Transaction ID: 32335835
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th I Candidate Name IN Rep. Matthew Lehman  Office Sought: X House Senate President State: IN District: 79  Full Name (Last, First, Middle Initial) Torr for State Representative	IN  N  Disbursement For: Primary	2010 X General	Category/	Matthew Lehman, STATE HOU-SE 79th IN  Transaction ID: 32335835 Date of Disbursement  M M M D D D D Y Y Y Y O Y O Y O Y O Y O Y O Y
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th In Candidate Name IN Rep. Matthew Lehman  Office Sought:  X House Senate President State: IN District: 79  Full Name (Last, First, Middle Initial) Torr for State Representative  Mailing Address  11944 Esty Way  City Carmel Purpose of Disbursement Gerald Torr, STATE HOUSE 39th IN	Disbursement For: Primary Other (sp	2010 X General pecify) ▼	Category/ Type	Matthew Lehman, STATE HOU-SE 79th IN  Transaction ID: 32335835 Date of Disbursement  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th   Candidate Name IN Rep. Matthew Lehman Office Sought:  X House Senate President State: IN District: 79  Full Name (Last, First, Middle Initial) Torr for State Representative  Mailing Address 11944 Esty Way  City Carmel Purpose of Disbursement Gerald Torr, STATE HOUSE 39th IN Candidate Name Representa Gerald Torr	Disbursement For: Primary Other (sp	2010  Z General pecify) ▼  Zip Code 46033	Category/ Type	Matthew Lehman, STATE HOU-SE 79th IN  Transaction ID: 32335835 Date of Disbursement  M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	Berne Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th In Candidate Name IN Rep. Matthew Lehman  Office Sought:  X House Senate President State: IN District: 79  Full Name (Last, First, Middle Initial) Torr for State Representative  Mailing Address 11944 Esty Way  City Carmel  Purpose of Disbursement Gerald Torr, STATE HOUSE 39th IN Candidate Name	Disbursement For: Other (sp. 1872)  State IN  Disbursement For: Primary	2010  Z General pecify) ▼  Zip Code 46033	Category/ Type  011 Category/	Matthew Lehman, STATE HOU-SE 79th IN  Transaction ID: 32335835 Date of Disbursement  M M M D D B Z B Z D Y Z D 1 0  Amount of Each Disbursement this Period

FE6AN026

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	LINE NUMBER: PAGE 121 / 121 k only one)
TEMIZED DISBURSEMENTS	for each category of the	1b 22 23 24 25
Any Information copied from such Reports and State or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U	nited for Health)	
Full Name (Last, First, Middle Initial) Friends of Bruce Borders		Transaction ID: 32335841 Date of Disbursement
Mailing Address P.O. Box 174B		0 9 M / 2 8 / Y 2 0 1 0 Y
City Jasonville	State Zip Code IN 47438	Amount of Each Disbursement this Period
Purpose of Disbursement Bruce Borders, STATE HOUSE 45th IN	011	550.00
Candidate Name Bruce Borders	Category Type	<u>/</u>
Senate President	ement For: 2010 Primary X General Other (specify)	Bruce Borders, STATE HOUSE 45th IN
State: IN District: 45  Full Name (Last, First, Middle Initial)  Christine Scanlan for Colorado		Transaction ID: 32350665 Date of Disbursement
Mailing Address 46 Legend Circle	0 9 M / D 3 D / Y Y Y O Y O Y	
City Dillon	State Zip Code CO 80435	Amount of Each Disbursement this Perio
Purpose of Disbursement Christine Scanlan, STATE HOUSE 56th CO	011	350.00
Candidate Name CO Rep. Christine Scanlan	Category Type	1
Office Sought:  X House Senate President State: CO District: 56	ement For: 2010 Primary X General Other (specify)	Christine Scanlan, STATE HOUSE 56th CO
Full Name (Last, First, Middle Initial) United for Health PAC of Tennessee	Transaction ID: 32354238 Date of Disbursement	
Mailing Address 9900 Bren Road East	09	
City Minnetonka	State Zip Code MN 55343	Amount of Each Disbursement this Perio
Purpose of Disbursement	011	12000.00
Candidate Name	Category Type	<u>, , , , , , , , , , , , , , , , , , , </u>
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		12900.00
s s s s r r. age (optional)		68500.00